

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a “means test” designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.
2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.
3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.
4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in instalments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.
2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them,

using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)
(Required by 11 U.S.C. § 110.)

X

Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

Certificate of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read this notice.

Killion, Malikah L

Printed Name(s) of Debtor(s)

X /s/ Malikah L Killion

Signature of Debtor

10/29/2008

Date

Case No. (if known) _____

X

Signature of Joint Debtor (if any)

Date

| United States Bankruptcy Court Northern District of Illinois | | Voluntary Petition | | | | | | | | | | | | | | | | | | | | |
|---|---|--|-------------------------------------|--------------------------------|---------------------------------|----------------------------------|-----------------------------------|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------|--------------------------|---------------------------|-----------------------------|--------------------------------|---------------------------------|----------------------------------|-----------------------------------|---------------------------------|--------------------------|
| Name of Debtor (if individual, enter Last, First, Middle): Killion, Malikah L | Name of Joint Debtor (Spouse) (Last, First, Middle): | | | | | | | | | | | | | | | | | | | | | |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): | All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): | | | | | | | | | | | | | | | | | | | | | |
| Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 0169 | Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): | | | | | | | | | | | | | | | | | | | | | |
| Street Address of Debtor (No. & Street, City, State & Zip Code): 6751 S Marshfield Chicago, IL ZIPCODE 60636 | Street Address of Joint Debtor (No. & Street, City, State & Zip Code): ZIPCODE | | | | | | | | | | | | | | | | | | | | | |
| County of Residence or of the Principal Place of Business: Cook | County of Residence or of the Principal Place of Business: | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address of Debtor (if different from street address) | Mailing Address of Joint Debtor (if different from street address): ZIPCODE | | | | | | | | | | | | | | | | | | | | | |
| Location of Principal Assets of Business Debtor (if different from street address above): ZIPCODE | | | | | | | | | | | | | | | | | | | | | | |
| Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) | Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code). | Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts. | | | | | | | | | | | | | | | | | | | | |
| Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B. | | Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000. <hr/> Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b). | | | | | | | | | | | | | | | | | | | | |
| Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors. | | | | | | | | | | | | | | | | | | | | | | |
| Estimated Number of Creditors <table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1-49</td> <td>50-99</td> <td>100-199</td> <td>200-999</td> <td>1,000- 5,000</td> <td>5,001- 10,000</td> <td>10,001- 25,000</td> <td>25,001- 50,000</td> <td>50,001- 100,000</td> <td>Over 100,000</td> </tr> </table> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1-49 | 50-99 | 100-199 | 200-999 | 1,000- 5,000 | 5,001- 10,000 | 10,001- 25,000 | 25,001- 50,000 | 50,001- 100,000 | Over 100,000 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | |
| 1-49 | 50-99 | 100-199 | 200-999 | 1,000- 5,000 | 5,001- 10,000 | 10,001- 25,000 | 25,001- 50,000 | 50,001- 100,000 | Over 100,000 | | | | | | | | | | | | | |
| Estimated Assets <table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$0 to \$50,000 | \$50,001 to \$100,000 | \$100,001 to \$500,000 | \$500,001 to \$1 million | \$1,000,001 to \$10 million | \$10,000,001 to \$50 million | \$50,000,001 to \$100 million | \$100,000,001 to \$500 million | \$500,000,001 to \$1 billion | More than \$1 billion |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | |
| \$0 to \$50,000 | \$50,001 to \$100,000 | \$100,001 to \$500,000 | \$500,001 to \$1 million | \$1,000,001 to \$10 million | \$10,000,001 to \$50 million | \$50,000,001 to \$100 million | \$100,000,001 to \$500 million | \$500,000,001 to \$1 billion | More than \$1 billion | | | | | | | | | | | | | |
| Estimated Liabilities <table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$0 to \$50,000 | \$50,001 to \$100,000 | \$100,001 to \$500,000 | \$500,001 to \$1 million | \$1,000,001 to \$10 million | \$10,000,001 to \$50 million | \$50,000,001 to \$100 million | \$100,000,001 to \$500 million | \$500,000,001 to \$1 billion | More than \$1 billion |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | |
| \$0 to \$50,000 | \$50,001 to \$100,000 | \$100,001 to \$500,000 | \$500,001 to \$1 million | \$1,000,001 to \$10 million | \$10,000,001 to \$50 million | \$50,000,001 to \$100 million | \$100,000,001 to \$500 million | \$500,000,001 to \$1 billion | More than \$1 billion | | | | | | | | | | | | | |
| THIS SPACE IS FOR COURT USE ONLY | | | | | | | | | | | | | | | | | | | | | | |

| | | |
|---|---------------------------------|-------------------------------|
| Voluntary Petition <i>(This page must be completed and filed in every case)</i> | | |
| Prior Bankruptcy Case Filed Within Last 8 Years (If more than two, attach additional sheet) | | |
| Location Where Filed: ND Of IL | Case Number: 02-01118 | Date Filed: 1/10/02 |
| Location Where Filed: N/A | Case Number: | Date Filed: |
| Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet) | | |
| Name of Debtor: None | Case Number: | Date Filed: |
| District: | Relationship: | Judge: |
| <p style="text-align: center;">Exhibit A</p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p> | | |
| <p style="text-align: center;">Exhibit B</p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code.</p> <p style="text-align: right;">X /s/ Troy L Gleason 10/29/08 Signature of Attorney for Debtor(s) Date</p> | | |
| <p style="text-align: center;">Exhibit C</p> <p>Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?</p> <p><input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No</p> | | |
| <p style="text-align: center;">Exhibit D</p> <p>(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)</p> <p><input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.</p> <p>If this is a joint petition:</p> <p><input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.</p> | | |
| <p style="text-align: center;">Information Regarding the Debtor - Venue</p> <p>(Check any applicable box.)</p> <p><input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.</p> <p><input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.</p> <p><input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.</p> | | |
| <p style="text-align: center;">Certification by a Debtor Who Resides as a Tenant of Residential Property</p> <p>(Check all applicable boxes.)</p> <p><input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)</p> <p>_____ (Name of landlord or lessor that obtained judgment)</p> <p>_____ (Address of landlord or lessor)</p> <p><input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and</p> <p><input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.</p> <p><input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).</p> | | |

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Killion, Malikah L**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Malikah L Killion

Signature of Debtor

Malikah L Killion**X**

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

October 29, 2008

Date

Signature of Attorney***X /s/ Troy L Gleason**

Signature of Attorney for Debtor(s)

Troy L Gleason 6276510

Printed Name of Attorney for Debtor(s)

Gleason & Gleason

Firm Name

77 W Washington, Ste 1218

Address

Chicago, IL 60602**(312) 578-9530**

Telephone Number

October 29, 2008

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only one box.)

- I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.
- Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A *bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.*

IN RE:

Killion, Malikah L

Debtor(s)

Case No. _____

Chapter 13

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE
WITH CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*
2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*
3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.] [Summarize exigent circumstances here.]*

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Malikah L Killion

Date: October 29, 2008

IN RE:

Killion, Malikah L

Debtor(s)

Case No. _____

Chapter **13**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE | ATTACHED (YES/NO) | NUMBER OF SHEETS | ASSETS | LIABILITIES | OTHER |
|---|----------------------|---------------------|--------------|--------------|-------------|
| A - Real Property | Yes | 1 | \$ 0.00 | | |
| B - Personal Property | Yes | 3 | \$ 20,040.00 | | |
| C - Property Claimed as Exempt | Yes | 1 | | | |
| D - Creditors Holding Secured Claims | Yes | 1 | | \$ 11,009.00 | |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes | 2 | | \$ 7,341.00 | |
| F - Creditors Holding Unsecured Nonpriority Claims | Yes | 6 | | \$ 22,026.00 | |
| G - Executory Contracts and Unexpired Leases | Yes | 1 | | | |
| H - Codebtors | Yes | 1 | | | |
| I - Current Income of Individual Debtor(s) | Yes | 1 | | | \$ 1,573.19 |
| J - Current Expenditures of Individual Debtor(s) | Yes | 1 | | | \$ 1,147.00 |
| TOTAL | | 18 | \$ 20,040.00 | \$ 40,376.00 | |

IN RE:

Case No. _____

Killion, Malikah L

Chapter **13**

Debtor(s)

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability | Amount |
|---|--------------------|
| Domestic Support Obligations (from Schedule E) | \$ 0.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) | \$ 7,341.00 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | \$ 0.00 |
| Student Loan Obligations (from Schedule F) | \$ 0.00 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E | \$ 0.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F) | \$ 0.00 |
| TOTAL | \$ 7,341.00 |

State the following:

| | |
|---|--------------------|
| Average Income (from Schedule I, Line 16) | \$ 1,573.19 |
| Average Expenses (from Schedule J, Line 18) | \$ 1,147.00 |
| Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20) | \$ 1,919.28 |

State the following:

| | | |
|--|--------------------|---------------------|
| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column | | \$ 2,744.00 |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column. | \$ 7,341.00 | |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column | | \$ 0.00 |
| 4. Total from Schedule F | | \$ 22,026.00 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4) | | \$ 24,770.00 |

Debtor(s)

(If known)

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| DESCRIPTION AND LOCATION OF PROPERTY | NATURE OF DEBTOR'S INTEREST IN PROPERTY | HUSBAND, WIFE, JOINT, OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION | AMOUNT OF SECURED CLAIM |
|--------------------------------------|---|---------------------------------------|--|----------------------------|
| None | | | | |
| | | | | TOTAL 0.00 |

(Report also on Summary of Schedules)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| TYPE OF PROPERTY | N O N E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT, OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|---|------------------|---|---------------------------------------|--|
| 1. Cash on hand. | | Cash on Hand | | 50.00 |
| 2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. | X | Checking account w / | | 100.00 |
| | X | Savings Account w/ | | 50.00 |
| 3. Security deposits with public utilities, telephone companies, landlords, and others. | | | | |
| 4. Household goods and furnishings, include audio, video, and computer equipment. | X | | | |
| 5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. | | Books, Pictures, and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles | | 250.00 |
| 6. Wearing apparel. | X | Used Clothing | | 250.00 |
| 7. Furs and jewelry. | | Misc Costume Jewelry | | 75.00 |
| 8. Firearms and sports, photographic, and other hobby equipment. | X | | | |
| 9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. | | Term life thru work - no cash value | | 0.00 |
| 10. Annuities. Itemize and name each issue. | X | | | |
| 11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X | | | |
| 12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars. | | 401(k) with current employer - 100% Exempt | | 1,000.00 |
| 13. Stock and interests in incorporated and unincorporated businesses. Itemize. | X | | | |
| 14. Interests in partnerships or joint ventures. Itemize. | X | | | |

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

| TYPE OF PROPERTY | N O T E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT, OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|---|------------------|--------------------------------------|---------------------------------------|--|
| | | | | |
| 15. Government and corporate bonds and other negotiable and non-negotiable instruments. | X | | | |
| 16. Accounts receivable. | X | | | |
| 17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars. | X | | | |
| 18. Other liquidated debts owed to debtor including tax refunds. Give particulars. | X | | | |
| 19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property. | X | | | |
| 20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust. | X | | | |
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. | | Possible personal injury claim | | 10,000.00 |
| 22. Patents, copyrights, and other intellectual property. Give particulars. | X | | | |
| 23. Licenses, franchises, and other general intangibles. Give particulars. | X | | | |
| 24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X | | | |
| 25. Automobiles, trucks, trailers, and other vehicles and accessories. | | 05 Suzuki Forenza | | 8,265.00 |
| 26. Boats, motors, and accessories. | X | | | |
| 27. Aircraft and accessories. | X | | | |
| 28. Office equipment, furnishings, and supplies. | X | | | |
| 29. Machinery, fixtures, equipment, and supplies used in business. | X | | | |
| 30. Inventory. | X | | | |
| 31. Animals. | X | | | |
| 32. Crops - growing or harvested. Give particulars. | X | | | |

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

| TYPE OF PROPERTY | N O N E | DESCRIPTION AND LOCATION OF PROPERTY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION | |
|--|------------------|--------------------------------------|---|------------------|
| | | | HUSBAND, WIFE, JOINT, OR COMMUNITY | |
| 33. Farming equipment and implements. 34. Farm supplies, chemicals, and feed. 35. Other personal property of any kind not already listed. Itemize. | X X X | | | |
| | | | TOTAL | 20,040.00 |

(Include amounts from any continuation sheets attached.
Report total also on Summary of Schedules.)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:
(Check one box)

- 11 U.S.C. § 522(b)(2)
 11 U.S.C. § 522(b)(3)

Check if debtor claims a homestead exemption that exceeds \$136,875.

| DESCRIPTION OF PROPERTY | SPECIFY LAW PROVIDING EACH EXEMPTION | VALUE OF CLAIMED EXEMPTION | CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS |
|---|--------------------------------------|----------------------------|--|
| Household goods, including but not limited to: TVs, chairs, tables, sofas, bedroom furniture, some kitchen appliances. | 735 ILCS 5 §12-1001(b) | 950.00 | 950.00 |
| <u>SCHEDULE B - PERSONAL PROPERTY</u> | | | |
| Cash on Hand | 735 ILCS 5 §12-1001(b) | 50.00 | 50.00 |
| Checking account w / | 735 ILCS 5 §12-1001(b) | 100.00 | 100.00 |
| Savings Account w/ | 735 ILCS 5 §12-1001(b) | 50.00 | 50.00 |
| Books, Pictures, and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles | 735 ILCS 5 §12-1001(a) | 250.00 | 250.00 |
| Used Clothing | 735 ILCS 5 §12-1001(a) | 250.00 | 250.00 |
| Misc Costume Jewelry | 735 ILCS 5 §12-1001(b) | 75.00 | 75.00 |
| 401(k) with current employer - 100% Exempt | 735 ILCS 5 §12-1006(a) | 1,000.00 | 1,000.00 |
| Possible personal injury claim | 735 ILCS 5 §12-1001(h)(4) | 10,000.00 | 10,000.00 |
| 05 Suzuki Forenza | 735 ILCS 5 §12-1001(c) | 2,400.00 | 8,265.00 |

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i> | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
|---|---|--|------------|--------------|----------|---|------------------------------|
| | | | | | | | |
| ACCOUNT NO. 427327994 Americredit 200 Bailey Ave Fort Worth, TX 76107 | | Installment account opened 8/05 PMSI on 05 Suzuki Forenza | | | | 11,009.00 | 2,744.00 |
| ACCOUNT NO. | | VALUE \$ 8,265.00 | | | | | |
| ACCOUNT NO. | | VALUE \$ | | | | | |
| ACCOUNT NO. | | VALUE \$ | | | | | |
| ACCOUNT NO. | | VALUE \$ | | | | | |

0 continuation sheets attached

Subtotal
(Total of this page) \$ **11,009.00** \$ **2,744.00**

Total
(Use only on last page) \$ **11,009.00** \$ **2,744.00**

(Report also on
Summary of
Schedules.) (If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

 Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

 Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

 Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

 Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

 Deposits by individuals

Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

 Taxes and Certain Other Debts Owed to Governmental Units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

 Commitments to Maintain the Capital of an Insured Depository Institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

 Claims for Death or Personal Injury While Debtor Was Intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Taxes and Other Certain Debts Owed to Governmental Units

(Type of Priority for Claims Listed on This Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions above.)</i> | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM | AMOUNT ENTITLED TO PRIORITY | AMOUNT NOT ENTITLED TO PRIORITY, IF ANY |
|--|---|--|---|--------------------|--------------------|-----------------------|--------------------------------------|--|
| ACCOUNT NO. Illinois Department Of Revenue Bankruptcy Section Lvl 7-425 100 W Randolph St Chicago, IL 60601-3218 | | 05 taxes | | | | 341.00 | 341.00 | |
| ACCOUNT NO. Internal Revenue Service Centralized Insolvency Operations PO Box 21126 Philadelphia, PA 19114-0326 | | 2005 taxes | | | | 7,000.00 | 7,000.00 | |
| ACCOUNT NO. | | | | | | | | |
| ACCOUNT NO. | | | | | | | | |
| ACCOUNT NO. | | | | | | | | |
| ACCOUNT NO. | | | | | | | | |
| Sheet no. 1 of 1 continuation sheets attached to Schedule of Creditors Holding Unsecured Priority Claims | | | Subtotal (Totals of this page) | \$ 7,341.00 | \$ 7,341.00 | \$ | | |
| | | | Total (Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.) | \$ 7,341.00 | | | | |
| | | | Total (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.) | | \$ 7,341.00 | | | |

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i> | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|---|--|--|------------------|----------|-----------------------|
| | | | | | | |
| ACCOUNT NO. Americash Loan 880 Lee St Ste 302 Des Plaines, IL 60016-6487 | | Loan | | | | 700.00 |
| ACCOUNT NO. Americash Loans 1612 W 59th St Chicago, IL 60636 | | Assignee or other notification for: Americash Loan | | | | |
| ACCOUNT NO. 57361526 Cbe Group 131 Towe Park Dr Suite 1 Waterloo, IA 50702 | | | | | | 265.00 |
| ACCOUNT NO. Directv | | Assignee or other notification for: Cbe Group | | | | |
| 5 continuation sheets attached | | | Subtotal (Total of this page) | \$ 965.00 | | |
| | | | Total | | | |
| | | | (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) | | | |
| | | | | | | \$ |

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i> | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | AMOUNT OF CLAIM | | |
|--|---|--|--|--------------------|-----------------|
| | | | CONTINGENT | UNLIQUIDATED | DISPUTED |
| ACCOUNT NO. 733639a39570 Dependon Collection Se 120 W 22nd St Ste 360 Oak Brook, IL 60523 | | Open account opened 7/08 | | | 144.00 |
| ACCOUNT NO. Emergency Room Care Providers | | Assignee or other notification for: Dependon Collection Se | | | |
| ACCOUNT NO. 602734000014 Dte Energy 3200 Hobson St Detroit, MI 48201 | | Open account opened 10/07 | | | 64.00 |
| ACCOUNT NO. 08M1-102220 FFPM Carmel Holdings - HSBC C/O Shindler Law Firm 1990 E Algonquin Rd Ste 180 Schaumburg, IL 60173-4164 | | Lawsuit | | | 1,671.00 |
| ACCOUNT NO. First Cash Advance 1916 E 95th St Chicago, IL 60617 | | Loan | | | 325.00 |
| ACCOUNT NO. 5178007652161480 First Premier Bank 601 S Minnesota Ave Sioux Falls, SD 57104 | | Revolving account opened 2/07 | | | 451.00 |
| ACCOUNT NO. 5178007341764306 First Premier Bank 601 S Minnesota Ave Sioux Falls, SD 57104 | | Revolving account opened 9/04 | | | 421.00 |
| Sheet no. <u>1</u> of <u>5</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | Subtotal (Total of this page) | \$ 3,076.00 | |
| | | | Total | | |
| | | | (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) | | |
| | | | | \$ | |

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i> | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | AMOUNT OF CLAIM |
|---|---|--|--|---------------------|-----------------------|
| | | | | | |
| ACCOUNT NO. 3426601691 ID APP 501 Bleeker St Utica, NY 13501 | | Installment account opened 3/00 | | | 972.00 |
| ACCOUNT NO. Illinois Department Of Employment Securi Bankruptcy Unit 3rd Fl 401 S State St Chicago, IL 60605-1229 | | overpayment | | | 4,700.00 |
| ACCOUNT NO. 100100000000023638801 Isac 1755 Lake Cook Rd Deerfield, IL 60015 | | Open account opened 5/08 | | | 2,310.00 |
| ACCOUNT NO. Slm Education Credit Fin Corp | | Assignee or other notification for: Isac | | | |
| ACCOUNT NO. Cm00000019337 Jvdb Asc 330 S Wells Street Chicago, IL 60606 | | | | | 2,221.00 |
| ACCOUNT NO. Car Town Inc | | Assignee or other notification for: Jvdb Asc | | | |
| ACCOUNT NO. D11650n1 Kohner Properties Inc Pob 16220 Clayton, MO 63105 | | Open account opened 10/05 | | | 1,948.00 |
| Sheet no. <u>2</u> of <u>5</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | Subtotal (Total of this page) | \$ 12,151.00 | |
| | | | Total | | |
| | | | (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) | | |
| | | | | \$ | |

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i> | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | AMOUNT OF CLAIM | | |
|--|---|--|--|--------------------|-----------------|
| | | | CONTINGENT | UNLIQUIDATED | DISPUTED |
| ACCOUNT NO. Senate Square | | Assignee or other notification for: Kohner Properties Inc | | | |
| ACCOUNT NO. 1617203 Medical Collections Sy 725 S. Wells Ave Ste 700 Chicago, IL 60607 | | Unknown account opened 7/04 | | | 304.00 |
| ACCOUNT NO. Emergency Room Care Providers | | Assignee or other notification for: Medical Collections Sy | | | |
| ACCOUNT NO. 8521219213 Midland Credit Mgmt 8875 Aero Dr San Diego, CA 92123 | | Open account opened 12/06 | | | 1,805.00 |
| ACCOUNT NO. Aspire Visa | | Assignee or other notification for: Midland Credit Mgmt | | | |
| ACCOUNT NO. Blatt Hasenmiller Leibske Moore 125 S Wacker Dr Ste 400 Chicago, IL 60606-4424 | | Assignee or other notification for: Midland Credit Mgmt | | | |
| ACCOUNT NO. 8521994016 Midland Credit Mgmt 8875 Aero Dr San Diego, CA 92123 | | Open account opened 3/07 | | | 601.00 |
| Sheet no. 3 of 5 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | Subtotal (Total of this page) | \$ 2,710.00 | |
| | | | Total | | |
| | | | (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) | | |
| | | | | \$ | |

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i> | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | AMOUNT OF CLAIM |
|---|---|--|----------------------------------|--------------------|-----------------------|
| | | | | | |
| ACCOUNT NO. First National Bank | | Assignee or other notification for: Midland Credit Mgmt | | | |
| ACCOUNT NO. 9752566 Nco Fin/09 507 Prudential Rd Horsham, PA 19044 | | Open account opened 8/04 | | | 381.00 |
| ACCOUNT NO. At T Cco | | Assignee or other notification for: Nco Fin/09 | | | |
| ACCOUNT NO. 18227008 Nco Fin/09 507 Prudential Rd Horsham, PA 19044 | | Open account opened 8/07 | | | 266.00 |
| ACCOUNT NO. Directv Inc. | | Assignee or other notification for: Nco Fin/09 | | | |
| ACCOUNT NO. 4185340103838354 Plains Commerce Bank/c 2101 W 41st Street, Ste34 Sioux Falls, SD 57109 | | Revolving account opened 9/07 | | | 805.00 |
| ACCOUNT NO. Hch848g0203549 Portfolio Recovery And Aff 120 Coporate Blvd Ste 10 Norfolk, VA 23502 | | Open account opened 5/07 | | | 1,020.00 |
| Sheet no. 4 of 5 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | Subtotal (Total of this page) | \$ 2,472.00 | |
| Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) | | | | \$ | |

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i> | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | AMOUNT OF CLAIM |
|--|---|--|----------------------------------|---------------------|-----------------------|
| | | | | | |
| ACCOUNT NO. Holy Cross Hospital | | Assignee or other notification for: Portfolio Recovery And Aff | | | |
| ACCOUNT NO. 4146830001830170 Salute/utb Po Box 105555 Atlanta, GA 30348 | | Revolving account opened 6/07 | | | 652.00 |
| ACCOUNT NO. | | | | | |
| ACCOUNT NO. | | | | | |
| ACCOUNT NO. | | | | | |
| ACCOUNT NO. | | | | | |
| ACCOUNT NO. | | | | | |
| Sheet no. 5 of 5 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | Subtotal (Total of this page) | \$ 652.00 | |
| | | | Total | | |
| | | (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) | | \$ 22,026.00 | |

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

| NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT | DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT. |
|---|--|
| | |

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

| NAME AND ADDRESS OF CODEBTOR | NAME AND ADDRESS OF CREDITOR |
|------------------------------|------------------------------|
| | |

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

| | | |
|---|---------------------------------|---------|
| Debtor's Marital Status Single | DEPENDENTS OF DEBTOR AND SPOUSE | |
| | RELATIONSHIP(S): | AGE(S): |
| EMPLOYMENT: | DEBTOR | SPOUSE |
| Occupation Flight Attendant | | |
| Name of Employer Northwest Airlines Attn Payroll | | |
| How long employed 1 years and 6 months | | |
| Address of Employer 2700 Lone Oak Parkway Eagan, MN 55121 | | |

INCOME: (Estimate of average or projected monthly income at time case filed)

| | | |
|---|---------------------------|-----------------|
| 1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly) | DEBTOR \$ 1,919.28 | SPOUSE \$ _____ |
| 2. Estimated monthly overtime | \$ _____ | \$ _____ |

3. SUBTOTAL**4. LESS PAYROLL DEDUCTIONS**

| | | |
|--------------------------------------|------------------|----------|
| a. Payroll taxes and Social Security | \$ 160.20 | \$ _____ |
| b. Insurance | \$ 110.89 | \$ _____ |
| c. Union dues | \$ _____ | \$ _____ |
| d. Other (specify) Uniforms | \$ 25.00 | \$ _____ |
| Retirement | \$ 50.00 | \$ _____ |

5. SUBTOTAL OF PAYROLL DEDUCTIONS**6. TOTAL NET MONTHLY TAKE HOME PAY**

| | |
|--------------------|----------|
| \$ 1,919.28 | \$ _____ |
| \$ 346.09 | \$ _____ |
| \$ 1,573.19 | \$ _____ |

| | | |
|--|----------|----------|
| 7. Regular income from operation of business or profession or farm (attach detailed statement) | \$ _____ | \$ _____ |
| 8. Income from real property | \$ _____ | \$ _____ |
| 9. Interest and dividends | \$ _____ | \$ _____ |
| 10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above | \$ _____ | \$ _____ |
| 11. Social Security or other government assistance (Specify) _____ | \$ _____ | \$ _____ |
| 12. Pension or retirement income | \$ _____ | \$ _____ |
| 13. Other monthly income (Specify) _____ | \$ _____ | \$ _____ |
| | \$ _____ | \$ _____ |
| | \$ _____ | \$ _____ |

14. SUBTOTAL OF LINES 7 THROUGH 13**15. AVERAGE MONTHLY INCOME** (Add amounts shown on lines 6 and 14)

| | |
|--------------------|----------|
| \$ 1,573.19 | \$ _____ |
|--------------------|----------|

16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)

| |
|--------------------|
| \$ 1,573.19 |
|--------------------|

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:
None

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form22A or 22C.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

| | |
|---|------------------|
| 1. Rent or home mortgage payment (include lot rented for mobile home) | \$ _____ |
| a. Are real estate taxes included? Yes <u> </u> No <u>✓</u> | |
| b. Is property insurance included? Yes <u> </u> No <u>✓</u> | |
| 2. Utilities: | |
| a. Electricity and heating fuel | \$ 50.00 |
| b. Water and sewer | \$ _____ |
| c. Telephone | \$ 100.00 |
| d. Other _____ | \$ _____ |
| 3. Home maintenance (repairs and upkeep) | \$ _____ |
| 4. Food | \$ 350.00 |
| 5. Clothing | \$ 100.00 |
| 6. Laundry and dry cleaning | \$ 50.00 |
| 7. Medical and dental expenses | \$ 17.00 |
| 8. Transportation (not including car payments) | \$ 200.00 |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc. | \$ _____ |
| 10. Charitable contributions | \$ _____ |
| 11. Insurance (not deducted from wages or included in home mortgage payments) | |
| a. Homeowner's or renter's | \$ _____ |
| b. Life | \$ _____ |
| c. Health | \$ _____ |
| d. Auto | \$ 180.00 |
| e. Other _____ | \$ _____ |
| 12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) _____ | \$ _____ |
| 13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan) | |
| a. Auto | \$ _____ |
| b. Other _____ | \$ _____ |
| 14. Alimony, maintenance, and support paid to others | \$ _____ |
| 15. Payments for support of additional dependents not living at your home | \$ _____ |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) | \$ _____ |
| 17. Other Personal Care & Grooming | \$ 100.00 |
| | \$ _____ |
| | \$ _____ |

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

| |
|--------------------|
| \$ 1,147.00 |
|--------------------|

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:
None

20. STATEMENT OF MONTHLY NET INCOME

| | |
|--|--------------------|
| a. Average monthly income from Line 15 of Schedule I | \$ 1,573.19 |
| b. Average monthly expenses from Line 18 above | \$ 1,147.00 |
| c. Monthly net income (a. minus b.) | \$ 426.19 |

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 20 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: October 29, 2008

Signature: /s/ Malikah L Killion
Malikah L Killion

Debtor

Date: _____ Signature: _____

(Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the _____ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the _____ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date: _____ Signature: _____

(Print or type name of individual signing on behalf of debtor)

An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

IN RE:

Case No. _____

Killion, Malikah L

Chapter 13

Debtor(s)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| AMOUNT | SOURCE |
|------------------|--|
| 1,919.00 | 2008 Income from employment (monthly) avg |
| 10,864.00 | 2007 Income from employment |
| 17,940.00 | 2006 Income from employment |

2. Income other than from employment or operation of business

None State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

3. Payments to creditors

Complete a. or b., as appropriate, and c.

None a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| CAPTION OF SUIT AND CASE NUMBER | NATURE OF PROCEEDING | COURT OR AGENCY AND LOCATION | STATUS OR DISPOSITION |
|--|----------------------|---------------------------------|--------------------------|
| FFPM Carmel Holding v Killion 08M1-102220 | Civil | Cook | Pending |
| Midland Funding v Killion 07M1-216947 | civil | Cook | Judgment |

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED | DATE OF SEIZURE | DESCRIPTION AND VALUE OF PROPERTY |
|--|-----------------|--------------------------------------|
| Internal Revenue Service Centralized Insolvency Operations PO Box 21126 Philadelphia, PA 19114-0326 | 2008 | levy wages approx 1100 taken |

5. Repossessions, foreclosures and returns

a. List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

a. List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

a. List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

None List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

10. Other transfers

None a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

None List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

None List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

None If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

16. Spouses and Former Spouses

None If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: October 29, 2008 Signature /s/ Malikah L Killion of Debtor **Malikah L Killion**

Date: _____ Signature _____
of Joint Debtor
(if any)

_____ **0** continuation pages attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

IN RE:

Killion, Malikah L

Debtor(s)

Case No. _____

Chapter 13

VERIFICATION OF CREDITOR MATRIX

Number of Creditors 23

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: October 29, 2008

/s/ Malikah L Killion

Debtor

Joint Debtor

Document
First Cash Advance
1916 E 95th St
Chicago, IL 60617

Midland Credit Mgmt
8875 Aero Dr
San Diego, CA 92123

Killion, Malikah L
6751 S Marshfield
Chicago, IL 60636

Gleason & Gleason
77 W Washington, Ste 1218
Chicago, IL 60602

First Premier Bank
601 S Minnesota Ave
Sioux Falls, SD 57104

Nco Fin/09
507 Prudential Rd
Horsham, PA 19044

Americash Loan
880 Lee St Ste 302
Des Plaines, IL 60016-6487

I D A P P
501 Bleecker St
Utica, NY 13501

Plains Commerce Bank/c
2101 W 41st Street, Ste34
Sioux Falls, SD 57109

Americash Loans
1612 W 59th St
Chicago, IL 60636

Illinois Department Of Employment Securi
Bankruptcy Unit 3rd Fl
401 S State St
Chicago, IL 60605-1229

Portfolio Recovery And Aff
120 Coporate Blvd Ste 10
Norfolk, VA 23502

Americredit
200 Bailey Ave
Fort Worth, TX 76107

Illinois Department Of Revenue
Bankruptcy Section LVI 7-425
100 W Randolph St
Chicago, IL 60601-3218

Salute/utb
Po Box 105555
Atlanta, GA 30348

Blatt Hasenmiller Leibske Moore
125 S Wacker Dr Ste 400
Chicago, IL 60606-4424

Internal Revenue Service
Centralized Insolvency Operations
PO Box 21126
Philadelphia, PA 19114-0326

Cbe Group
131 Towe Park Dr Suite 1
Waterloo, IA 50702

Isac
1755 Lake Cook Rd
Deerfield, IL 60015

Dependence Collection Se
120 W 22nd St Ste 360
Oak Brook, IL 60523

Jvdb Asc
330 S Wells Street
Chicago, IL 60606

Dte Energy
3200 Hobson St
Detroit, MI 48201

Kohner Properties Inc
Pob 16220
Clayton, MO 63105

FFPM Carmel Holdings - HSBC
C/O Shindler Law Firm
1990 E Algonquin Rd Ste 180
Schaumburg, IL 60173-4164

Medical Collections Sy
725 S. Wells Ave Ste 700
Chicago, IL 60607

IN RE:

Killion, Malikah L

Debtor(s)

Case No. _____

Chapter 13

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ 3,500.00

Prior to the filing of this statement I have received \$ _____

Balance Due \$ 3,500.00

2. The source of the compensation paid to me was: Debtor Other (specify): _____
3. The source of compensation to be paid to me is: Debtor Other (specify): _____
4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
 I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
 - e. [Other provisions as needed]
6. By agreement with the debtor(s), the above disclosed fee does not include the following services:
Litigation / Adversary Proceedings
Credit Counseling Fees

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

October 29, 2008

Date

/s/ Troy L Gleason

Signature of Attorney

Gleason & Gleason

Name of Law Firm

Form
1040A

U.S. Individual Income Tax Return **2007**

2007

IRS Use Only - Do not write or staple in this space

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Label (See instructions.) | | Form 1040EZ 2007 | | IRS Use Only - Do not write or staple in this space | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LABEL HERE | Your first name and initial | Last name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Malikah L. | Killioin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | If a joint return, spouse's first name and initial | Last name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6751 S Marshfield | | | Apt. no. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | City, town or post office, state, and ZIP code. If you have a foreign address, see instructions. Chicago, IL 60636 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | OMB No. 1545-0074 Your social security number 342-66-0169 Spouse's social security number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Use the IRS label. Otherwise, please print or type. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Presidential Election Campaign ► Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions) ► <input type="checkbox"/> You <input type="checkbox"/> Spouse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Filing status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) <input type="checkbox"/> Married filing jointly (even if only one had income) If the qualifying person is a child but not your dependent, enter this child's name here. ► <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ► <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Exemptions Check only one box <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">6a</td> <td style="width: 10%;"><input checked="" type="checkbox"/></td> <td colspan="4">Yourself. If someone can claim you as a dependent, do not check box 6a.</td> </tr> <tr> <td>b</td> <td><input type="checkbox"/></td> <td colspan="4">Spouse</td> </tr> <tr> <td>c</td> <td colspan="5">Dependents:</td> </tr> <tr> <td></td> <td>(1) First name</td> <td>Last name</td> <td>(2) Dependent's social security number</td> <td>(3) Dependent's relationship to you</td> <td>(4) Check if qualifying child for child tax credit (see instr.)</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> </table> | | | | | | 6a | <input checked="" type="checkbox"/> | Yourself. If someone can claim you as a dependent, do not check box 6a. | | | | b | <input type="checkbox"/> | Spouse | | | | c | Dependents: | | | | | | (1) First name | Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) Check if qualifying child for child tax credit (see instr.) | | | | | | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6a | <input checked="" type="checkbox"/> | Yourself. If someone can claim you as a dependent, do not check box 6a. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b | <input type="checkbox"/> | Spouse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c | Dependents: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (1) First name | Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) Check if qualifying child for child tax credit (see instr.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| f more than six dependents, see instructions. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Boxes checked on 6a and 6b</td> <td style="width: 10%; text-align: center;">1</td> </tr> <tr> <td>No. of dependents on 6c who:</td> <td></td> </tr> <tr> <td>• lived with you</td> <td><input type="checkbox"/></td> </tr> <tr> <td>• did not live with you due to divorce or separation (see instructions)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Dependents on 6c not entered above</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Add numbers on lines above ►</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> </tr> </table> | | | | | | Boxes checked on 6a and 6b | 1 | No. of dependents on 6c who: | | • lived with you | <input type="checkbox"/> | • did not live with you due to divorce or separation (see instructions) | <input type="checkbox"/> | Dependents on 6c not entered above | <input type="checkbox"/> | Add numbers on lines above ► | <input type="checkbox"/> | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| • lived with you | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| • did not live with you due to divorce or separation (see instructions) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dependents on 6c not entered above | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Income Attach Form(s) W-2 where. Also attach Form(s) 1099-R if tax was withheld. you did not attach a W-2, see instructions. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">d</td> <td colspan="5">Total number of exemptions claimed.</td> </tr> <tr> <td>7</td> <td colspan="5">Wages, salaries, tips, etc. Attach Form(s) W-2. 7 10,864.</td> </tr> <tr> <td>8a</td> <td colspan="5">Taxable interest. Attach Schedule 1 if required. 8a</td> </tr> <tr> <td>b</td> <td colspan="5">Tax-exempt interest. Do not include on line 8a. 8b</td> </tr> <tr> <td>9a</td> <td colspan="5">Ordinary dividends. Attach Schedule 1 if required. 9a</td> </tr> <tr> <td>b</td> <td colspan="5">Qualified dividends (see instructions). 9b</td> </tr> <tr> <td>10</td> <td colspan="5">Capital gain distributions (see instructions). 10</td> </tr> <tr> <td>11a</td> <td>IRA distributions. 11a</td> <td colspan="4">11b Taxable amount (see instructions). 11b</td> </tr> <tr> <td>12a</td> <td>Pensions and annuities. 12a</td> <td colspan="4">12b Taxable amount (see instructions). 12b</td> </tr> <tr> <td>13</td> <td colspan="5">Unemployment compensation and Alaska Permanent Fund dividends. 13</td> </tr> <tr> <td>14a</td> <td>Social security benefits. 14a</td> <td colspan="4">14b Taxable amount (see instructions). 14b</td> </tr> <tr> <td>15</td> <td colspan="5">Add lines 7 through 14b (far right column). This is your total income. 15 10,864.</td> </tr> <tr> <td>16</td> <td colspan="5">Educator expenses (see instructions). 16</td> </tr> <tr> <td>17</td> <td colspan="5">IRA deduction (see instructions). 17</td> </tr> <tr> <td>18</td> <td colspan="5">Student loan interest deduction (see instructions). 18</td> </tr> <tr> <td>19</td> <td colspan="5">Tuition and fees deduction. Attach Form 8917. 19</td> </tr> <tr> <td>20</td> <td colspan="5">Add lines 16 through 19. These are your total adjustments. 20</td> </tr> <tr> <td>21</td> <td colspan="5">Subtract line 20 from line 15. This is your adjusted gross income. 21 10,864.</td> </tr> </table> | | | | | | d | Total number of exemptions claimed. | | | | | 7 | Wages, salaries, tips, etc. Attach Form(s) W-2. 7 10,864. | | | | | 8a | Taxable interest. Attach Schedule 1 if required. 8a | | | | | b | Tax-exempt interest. Do not include on line 8a. 8b | | | | | 9a | Ordinary dividends. Attach Schedule 1 if required. 9a | | | | | b | Qualified dividends (see instructions). 9b | | | | | 10 | Capital gain distributions (see instructions). 10 | | | | | 11a | IRA distributions. 11a | 11b Taxable amount (see instructions). 11b | | | | 12a | Pensions and annuities. 12a | 12b Taxable amount (see instructions). 12b | | | | 13 | Unemployment compensation and Alaska Permanent Fund dividends. 13 | | | | | 14a | Social security benefits. 14a | 14b Taxable amount (see instructions). 14b | | | | 15 | Add lines 7 through 14b (far right column). This is your total income. 15 10,864. | | | | | 16 | Educator expenses (see instructions). 16 | | | | | 17 | IRA deduction (see instructions). 17 | | | | | 18 | Student loan interest deduction (see instructions). 18 | | | | | 19 | Tuition and fees deduction. Attach Form 8917. 19 | | | | | 20 | Add lines 16 through 19. These are your total adjustments. 20 | | | | | 21 | Subtract line 20 from line 15. This is your adjusted gross income. 21 10,864. | | | | |
| d | Total number of exemptions claimed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Wages, salaries, tips, etc. Attach Form(s) W-2. 7 10,864. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8a | Taxable interest. Attach Schedule 1 if required. 8a | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b | Tax-exempt interest. Do not include on line 8a. 8b | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9a | Ordinary dividends. Attach Schedule 1 if required. 9a | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b | Qualified dividends (see instructions). 9b | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Capital gain distributions (see instructions). 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11a | IRA distributions. 11a | 11b Taxable amount (see instructions). 11b | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12a | Pensions and annuities. 12a | 12b Taxable amount (see instructions). 12b | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | Unemployment compensation and Alaska Permanent Fund dividends. 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14a | Social security benefits. 14a | 14b Taxable amount (see instructions). 14b | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Add lines 7 through 14b (far right column). This is your total income. 15 10,864. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | Educator expenses (see instructions). 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | IRA deduction (see instructions). 17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | Student loan interest deduction (see instructions). 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | Tuition and fees deduction. Attach Form 8917. 19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Add lines 16 through 19. These are your total adjustments. 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | Subtract line 20 from line 15. This is your adjusted gross income. 21 10,864. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.
UYA**

342-66-0169 Page 2

| | | |
|--|--|---|
| Tax, credits, and payments | 22 Enter the amount from line 21 (adjusted gross income). 23a Check if <input type="checkbox"/> You were born before January 2, 1943. <input type="checkbox"/> Blind Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1943. <input type="checkbox"/> Blind checked ► 23a 0 | 22 10,864. |
| Standard Deduction for - | 24 Enter your standard deduction (see left margin). 25 Subtract line 24 from line 22. If line 24 is more than line 22, enter -0. 26 If line 22 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 22 is over \$117,300, see the worksheet in instructions. 27 Subtract line 26 from line 25. If line 26 is more than line 25, enter -0. This is your taxable income. | 24 5,350. 25 5,514. 26 3,400. 27 2,114. 28 211. |
| • People who checked any box on line 23a or 23b or who can be claimed as a dependent. See inst. • All others: Single or Married filing separately, \$5,350 Married filing jointly or Qualifying widow(er), \$10,700 Head of household, \$7,850 | 29 Attach Schedule 2. | 29 |
| | 30 Credit for the elderly or the disabled. Attach Schedule 3. | 30 |
| | 31 Education credits. Attach Form 8863. | 31 |
| | 32 Child tax credit (see instructions). Attach Form 8901 if required. | 32 |
| | 33 Retirement savings contributions credit. Attach Form 8880. | 33 48. |
| | 34 Add lines 29 through 33. These are your total credits. 35 Subtract line 34 from line 28. If line 34 is more than line 28, enter -0. 36 Advance earned income credit payments from Form(s) W-2, box 9. 37 Add lines 35 and 36. This is your total tax. | 34 48. 35 163. 36 36 37 163. |
| | 38 Federal income tax withheld from Forms W-2 and 1099. 39 2007 estimated tax payments and amount applied from 2006 return. | 38 360. 39 39 |
| If you have a qualifying child, attach Schedule EIC | 40a Earned income credit (EIC). b Nontaxable combat pay election. 41 Additional child tax credit. Attach Form 8812. 42 Add lines 38, 39, 40a, and 41. These are your total payments. | 40a 131. 41 41 42 42 491. |
| Refund | 43 If line 42 is more than line 37, subtract line 37 from line 42. This is the amount you overpaid. | 43 328. 43 328. |
| Direct Deposit? | 44a Amount of line 43 you want refunded to you. If Form 8888 is attached, check here ► <input type="checkbox"/> 44a | 44a 328. |
| See instructions and fill in 44b, 44c, and 44d, or Form 8888. | ► b Routing number ► c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings ► d Account number | |
| | 45 Amount of line 43 you want applied to your 2008 estimated tax. | 45 |
| Amount you owe | 46 Amount you owe. Subtract line 42 from line 37. For details on how to pay, see instructions. 47 Estimated tax penalty (see instructions). | 46 47 |
| Third party designee | Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No | |
| Sign here Joint Return? (see instructions). Keep a copy for your records. | Designee's name ► | Phone no. ► Personal identification number (PIN) ► |
| Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge. | | |
| Your signature | | Date Your occupation Daytime phone number |
| Spouse's signature. If a joint return, both must sign. | | Date Spouse's occupation 773-851-7237 |
| Preparer's signature | | Date Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN |
| Firm's name (or yours if self-employed), address, and ZIP code | | EIN Phone no. |

UYA

Form 1040A (2007)

Form 8880

Credit for Qualified Retirement Savings Contributions

OMB No. 1545-0074

2007

Attachment
Sequence No. 55Department of the Treasury
Internal Revenue Service

Name(s) shown on return



You cannot take this credit if either of the following applies.

- The amount on Form 1040, line 38, Form 1040A, line 22, or Form 1040NR, line 36 is more than \$26,000 (\$39,000 if head of household; \$52,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 1990, (b) is claimed as a dependent on someone else's 2007 tax return, or (c) was a student (see instructions).

- 1 Traditional and Roth IRA contributions for 2007. Do not include rollover contributions
- 2 Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2007 (see instructions)
- 3 Add lines 1 and 2
- 4 Certain distributions received after 2004 and before the due date (including extensions) of your 2007 tax return (see instructions). If married filing jointly, include both spouses' amounts in both columns. See instructions for an exception
- 5 Subtract line 4 from line 3. If zero or less, enter -0-
- 6 In each column, enter the smaller of line 5 or \$2,000
- 7 Add the amounts on line 6. If zero, stop; you cannot take this credit.
- 8 Enter the amount from Form 1040, line 38*; Form 1040A, line 22; or Form 1040NR, line 36
- 9 Enter the applicable decimal amount shown below:

| | (a) You | (b) Your spouse |
|---|---------|-----------------|
| 1 | | |
| 2 | | 95. |
| 3 | 95. | |
| 4 | | |
| 5 | | 95. |
| 6 | 95. | |
| 7 | | 95. |
| 8 | 10,864. | |

| If line 8 is- | | And your filing status is- | | |
|------------------|---------------|----------------------------|-------------------|--|
| Over- | But not over- | Married filing jointly | Head of household | Single, Married filing separately, or Qualifying widow(er) |
| Enter on line 9- | | | | |
| — | \$15,500 | .5 | .5 | .5 |
| \$15,500 | \$17,000 | .5 | .5 | .2 |
| \$17,000 | \$23,250 | .5 | .5 | .1 |
| \$23,250 | \$25,500 | .5 | .2 | .1 |
| \$25,500 | \$26,000 | .5 | .1 | .1 |
| \$26,000 | \$31,000 | .5 | .1 | .0 |
| \$31,000 | \$34,000 | .2 | .1 | .0 |
| \$34,000 | \$39,000 | .1 | .1 | .0 |
| \$39,000 | \$52,000 | .1 | .0 | .0 |
| \$52,000 | — | .0 | .0 | .0 |

Note: If line 9 is zero, stop; you cannot take this credit.

- 10 Multiply line 7 by line 9
- 11 Enter the amount from Form 1040, line 46, or Form 1040A, line 28 or Form 1040NR, line 43
- 12 **1040 filers:** Enter the total of your credits from lines 47 through 49, and 51. **1040A filers:** Enter the total of your credits from lines 29 through 31. **1040NR filers:** Enter the total of your credits from lines 44 and 46. }
- 13 Subtract line 12 from line 11. If zero, stop; you cannot take this credit.
- 14 Credit for qualified retirement savings contributions. Enter the smaller of line 10 or line 13 here and on Form 1040, line 53; Form 1040A, line 33; or Form 1040NR, line 48

| | |
|----|------|
| 10 | 48. |
| 11 | 211. |
| 12 | |
| 13 | 211. |
| 14 | 48. |

*See Pub. 590 for the amount to enter if you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico.

Saved



This Product Contains Sensitive Taxpayer Data

Tax Return Transcript

SSN Provided: 342-66-0169
Tax Period Ending: Dec. 31, 2006

Request Date: 10-21-2008
 Response Date: 10-21-2008
 IRS Employee Number: ZNZLB
 Tracking Number: 100033523719

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.

SSN: 342-66-0169 **SPOUSE SSN:**
NAME(S) SHOWN ON RETURN: MALIKAH L KILLION
ADDRESS: 6751 S MARSHFIELD AVE
 CHICAGO, IL 60636-3302-515

| | |
|-------------------------------|-------------------|
| FILING STATUS: | Head of Household |
| FORM NUMBER: | 1040 |
| CYCLE POSTED: | 20070808 |
| RECEIVED DATE: | Apr.13, 2007 |
| REMITTANCE: | 0.00 |
| EXEMPTION NUMBER: | 3 |
| DEPENDENT 1 NAME CTRL: | FELT |
| DEPENDENT 1 SSN: | 332-04-9545 |
| DEPENDENT 2 NAME CTRL: | WILL |
| DEPENDENT 2 SSN: | 347-84-9019 |
| DEPENDENT 3 NAME CTRL: | |
| DEPENDENT 3 SSN: | |
| DEPENDENT 4 NAME CTRL: | |
| DEPENDENT 4 SSN: | |
| PREPARED SSN: | 340-54-8199 |
| PREPARED EIN: | 36-4317884 |

Income

| | |
|---|--------------|
| WAGES, SALARIES, TIPS, ETC: | \$ 17,940.00 |
| TAXABLE INTEREST INCOME: SCH B: | \$ 0.00 |
| TAX-EXEMPT INTEREST: | \$ 0.00 |
| ORDINARY DIVIDEND INCOME: SCH B: | \$ 0.00 |
| QUALIFIED DIVIDENDS: | \$ 0.00 |
| REFUNDS OF STATE/LOCAL TAXES: | \$ 0.00 |
| ALIMONY RECEIVED: | \$ 0.00 |
| BUSINESS INCOME OR LOSS (Schedule C): | \$ 0.00 |
| BUSINESS INCOME OR LOSS: SCH C PER COMPUTER: | \$ 0.00 |
| CAPITAL GAIN OR LOSS: (Schedule D): | \$ 0.00 |
| CAPITAL GAINS OR LOSS: SCH D PER COMPUTER: | \$ 0.00 |
| OTHER GAINS OR LOSSES (Form 4797): | \$ 0.00 |
| | \$ 0.00 |

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| | |
|--|--------------|
| TOTAL IRA DISTRIBUTIONS: | \$ 0.00 |
| TAXABLE IRA DISTRIBUTIONS: | \$ 0.00 |
| TOTAL PENSIONS AND ANNUITIES: | \$ 0.00 |
| TAXABLE PENSION/ANNUITY AMOUNT: | \$ 0.00 |
| RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E): | \$ 0.00 |
| RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E) PER COMPUTER: | \$ 0.00 |
| ESTATE/TRUST INCOME/LOSS PER COMPUTER: | \$ 0.00 |
| PARTNERSHIP/S-CORP INCOME/LOSS PER COMPUTER: | \$ 0.00 |
| FARM INCOME OR LOSS (Schedule F): | \$ 0.00 |
| FARM INCOME OR LOSS (Schedule F) PER COMPUTER: | \$ 0.00 |
| UNEMPLOYMENT COMPENSATION: | \$ 0.00 |
| TOTAL SOCIAL SECURITY BENEFITS: | \$ 0.00 |
| TAXABLE SOCIAL SECURITY BENEFITS: | \$ 0.00 |
| TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER: | \$ 0.00 |
| OTHER INCOME: | \$ 0.00 |
| SCHEDULE EIC SE INCOME PER COMPUTER: | \$ 0.00 |
| SCHEDULE EJC EARNED INCOME PER COMPUTER: | \$ 0.00 |
| SCN EIC DISQUALIFIED INC COMPUTER: | \$ 0.00 |
| TOTAL INCOME: | \$ 17,940.00 |
| TOTAL INCOME PER COMPUTER: | \$ 17,940.00 |
| Adjustments to Income | |
| EDUCATOR EXPENSES: | |
| EDUCATOR EXPENSES PER COMPUTER: | \$ 0.00 |
| RESERVIST AND OTHER BUSINESS EXPENSE: | \$ 0.00 |
| JURY DUTY PAY DEDUCTION: | \$ 0.00 |
| HEALTH SAVINGS ACCT DEDUCTION: | \$ 0.00 |
| HEALTH SAVINGS ACCT DEDUCTION PER COMPUTER: | \$ 0.00 |
| MOVING EXPENSES: F3903: | \$ 0.00 |
| SELF EMPLOYMENT TAX DEDUCTION: | \$ 0.00 |
| SELF EMPLOYMENT TAX DEDUCTION PER COMPUTER: | \$ 0.00 |
| KEOGH/SEP CONTRIBUTION DEDUCTION: | \$ 0.00 |
| SELF-EMP HEALTH INS DEDUCTION: | \$ 0.00 |
| EARLY WITHDRAWAL OF SAVINGS PENALTY: | \$ 0.00 |
| ALIMONY PAID SSN: | \$ 0.00 |
| ALIMONY PAID: | \$ 0.00 |
| IRA DEDUCTION: | |
| IRA DEDUCTION PER COMPUTER: | \$ 0.00 |
| STUDENT LOAN INTEREST DEDUCTION: | \$ 0.00 |
| STUDENT LOAN INTEREST DEDUCTION PER COMPUTER: | \$ 0.00 |
| TUITION AND FEES DEDUCTION: | \$ 0.00 |
| TUITION AND FEES DEDUCTION PER COMPUTER: | \$ 0.00 |
| DOMESTIC PRODUCTION ACTIVITIES DEDUCTION: | \$ 0.00 |
| OTHER ADJUSTMENTS: | |
| ARCHER MSA DEDUCTION: | \$ 0.00 |
| ARCHER MSA DEDUCTION PER COMPUTER: | \$ 0.00 |
| TOTAL ADJUSTMENTS: | \$ 0.00 |
| TOTAL ADJUSTMENTS PER COMPUTER: | \$ 0.00 |
| ADJUSTED GROSS INCOME: | \$ 0.00 |
| ADJUSTED GROSS INCOME PER COMPUTER: | \$ 17,940.00 |
| Tax and Credits | |
| | \$ 17,940.00 |

| | |
|--|--------------|
| 65-OR-OVER: | |
| BLIND: | |
| SPOUSE 65-OR-OVER: | |
| SPOUSE BLIND: | |
| STANDARD DEDUCTION PER COMPUTER: | |
| ADDITIONAL STANDARD DEDUCTION PER COMPUTER: | |
| TAX TABLE INCOME PER COMPUTER: | \$ 7,550.00 |
| EXEMPTION AMOUNT PER COMPUTER: | \$ 0.00 |
| TAXABLE INCOME: | \$ 10,390.00 |
| TAXABLE INCOME PER COMPUTER: | \$ 9,900.00 |
| TOTAL POSITIVE INCOME PER COMPUTER: | \$ 490.00 |
| TENTATIVE TAX: | \$ 490.00 |
| TENTATIVE TAX PER COMPUTER: | \$ 49.00 |
| FORM 8814 ADDITIONAL TAX AMOUNT: | \$ 49.00 |
| TAX ON INCOME LESS SOC SEC INCOME PER COMPUTER: | \$ 0.00 |
| FORM 6251 ALTERNATIVE MINIMUM TAX: | \$ 0.00 |
| FORM 6251 ALTERNATIVE MINIMUM TAX PER COMPUTER: | \$ 0.00 |
| FOREIGN TAX CREDIT: | \$ 0.00 |
| FOREIGN TAX CREDIT PER COMPUTER: | \$ 0.00 |
| FOREIGN INCOME EXCLUSION PER COMPUTER: | \$ 0.00 |
| CHILD & DEPENDENT CARE CREDIT: | \$ 0.00 |
| CHILD & DEPENDENT CARE CREDIT PER COMPUTER: | \$ 0.00 |
| CREDIT FOR ELDERLY AND DISABLED: | \$ 0.00 |
| CREDIT FOR ELDERLY AND DISABLED PER COMPUTER: | \$ 0.00 |
| EDUCATION CREDIT: | \$ 0.00 |
| EDUCATION CREDIT PER COMPUTER: | \$ 0.00 |
| GROSS EDUCATION CREDIT PER COMPUTER: | \$ 0.00 |
| RETIREMENT SAVINGS CNTRB CREDIT: | \$ 0.00 |
| RETIREMENT SAVINGS CNTRB CREDIT PER COMPUTER: | \$ 0.00 |
| PRIM RET SAV CNTRB: F8880 LN6A: | \$ 0.00 |
| SEC RET SAV CNTRB: F8880 LN6B: | \$ 0.00 |
| TOTAL RETIREMENT SAVINGS CONTRIBUTION: F8880 CMPTR: | \$ 0.00 |
| RESIDENTIAL ENERGY CREDIT: | \$ 0.00 |
| RESIDENTIAL ENERGY CREDIT PER COMPUTER: | \$ 0.00 |
| CHILD TAX CREDIT: | \$ 0.00 |
| CHILD TAX CREDIT PER COMPUTER: | \$ 49.00 |
| F8396, F8859 and F8839 Credit: | \$ 49.00 |
| FORM 3800 GENERAL BUSINESS CREDITS: | \$ 0.00 |
| FORM 3800 GENERAL BUSINESS CREDITS PER COMPUTER: | \$ 0.00 |
| FORM 1040C CREDIT: | \$ 0.00 |
| PRIOR YR MIN TAX CREDIT: F8801: | \$ 0.00 |
| PRIOR YR MIN TAX CREDIT: F8801 PER COMPUTER: | \$ 0.00 |
| TENTATIVE EMPOWERMENT ZONE CREDIT: F8844: | \$ 0.00 |
| EMPOWERMENT ZONE CREDIT: F8844: | \$ 0.00 |
| OTHER CREDITS: | \$ 0.00 |
| TOTAL CREDITS: | \$ 0.00 |
| TOTAL CREDITS PER COMPUTER: | \$ 49.00 |
| INCOME TAX AFTER CREDITS PER COMPUTER: | \$ 49.00 |
| Other Taxes | \$ 0.00 |
| SE TAX: | |
| SE TAX PER COMPUTER: | \$ 0.00 |
| SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS: | \$ 0.00 |
| | \$ 0.00 |

| | \$ 0.00 |
|---|---------|
| SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER: | \$ 0.00 |
| TAX ON QUALIFIED PLANS F5329 (PR): | \$ 0.00 |
| TAX ON QUALIFIED PLANS F5329 PER COMPUTER: | \$ 0.00 |
| IRAF TAX PER COMPUTER: | \$ 0.00 |
| TP TAX FIGURES (REDUCED BY IRAF) PER COMPUTER: | \$ 0.00 |
| IMF TOTAL TAX (REDUCED BY IRAF) PER COMPUTER: | \$ 0.00 |
| ADVANCED EARNED INCOME: | \$ 0.00 |
| UNPAID FICA ON REPORTED TIPS: | \$ 0.00 |
| FORM 4970 ACCUMULATED DISTRIBUTION OF TRUSTS: | \$ 0.00 |
| RECAPTURE TAX: F8611: | \$ 0.00 |
| HOUSEHOLD EMPLOYMENT TAXES: | \$ 0.00 |
| HOUSEHOLD EMPLOYMENT TAXES PER COMPUTER: | \$ 0.00 |
| RECAPTURE TAXES: | \$ 0.00 |
| TOTAL ASSESSMENT PER COMPUTER: | \$ 0.00 |
| TOTAL TAX LIABILITY TP FIGURES: | \$ 0.00 |
| TOTAL TAX LIABILITY TP FIGURES PER COMPUTER: | \$ 0.00 |

Payments

| | |
|---|-------------|
| FEDERAL INCOME TAX WITHHELD: | \$ 545.00 |
| ESTIMATED TAX PAYMENTS: | \$ 0.00 |
| EARNED INCOME CREDIT: | \$ 3,880.00 |
| EARNED INCOME CREDIT PER COMPUTER: | \$ 3,880.00 |
| NONTAXABLE COMBAT PAY ELECTION: | \$ 0.00 |
| FORM 8812 NONTAXABLE COMBAT PAY: | \$ 0.00 |
| EXCESS SOCIAL SECURITY & FRTA TAX WITHHELD: | \$ 0.00 |
| TOT SS/MEDICARE WITHHELD: F8812: | \$ 0.00 |
| FORM 8812 ADDITIONAL CHILD TAX CREDIT: | \$ 0.00 |
| FORM 8812 ADDITIONAL CHILD TAX CREDIT PER COMPUTER: | \$ 0.00 |
| FORM 8812 ADDITIONAL CHILD TAX CREDIT VERIFIED: | \$ 0.00 |
| AMOUNT PAID WITH FORM 4868: | \$ 0.00 |
| FORM 2439 REGULATED INVESTMENT COMPANY CREDIT: | \$ 0.00 |
| FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS: | \$ 0.00 |
| FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS PER COMPUTER: | \$ 0.00 |
| HEALTH COVERAGE TX CR: F8865: | \$ 0.00 |
| FEDERAL PHONE EXCISE TAX CREDIT PER COMPUTER: | \$ 0.00 |
| FORM 8913 PHONE EXCISE TAX PER COMPUTER: | \$ 50.00 |
| FEDERAL PHONE EXCISE TAX CREDIT AMOUNT: | \$ 50.00 |
| FEDERAL PHONE EXCISE TAX CREDIT VERIFIED AMOUNT: | \$ 50.00 |
| TOTAL PAYMENTS: | \$ 0.00 |
| TOTAL PAYMENTS PER COMPUTER: | \$ 5,771.00 |

Refund or Amount Owed

| | |
|---|--------------|
| REFUND AMOUNT: | \$ 5,771.00 |
| APPLIED TO NEXT YEAR'S ESTIMATED TAX: | \$ 5,771.00 |
| ESTIMATED TAX PENALTY: | \$ 0.00 |
| TAX ON INCOME LESS STATE REFUND PER COMPUTER: | \$ 0.00 |
| BAL DUE/OVER PYMT USING TP FIG PER COMPUTER: | \$ 0.00 |
| BAL DUE/OVER PYMT USING COMPUTER FIGURES: | \$ -3,771.00 |
| FORM 8888 TOTAL DEPOSIT PER COMPUTER: | \$ -3,771.00 |

Third Party Designee

| | |
|---------------------------------|-------|
| THIRD PARTY DESIGNEE ID NUMBER: | 12345 |
| AUTHORIZATION INDICATOR: | 1 |

THIRD PARTY DESIGNEE NAME:

Schedule EIC--Earned Income Credit

QUALIFIED EIC DEPENDENTS:

CHILD 1

2

CHILD'S NAME CNTRL:

SSN:

YEAR OF BIRTH:

FELT

STUDENT/DISABLED:

332-04-9545

2004

CHILD 2

0

CHILD'S NAME CNTRL:

SSN:

YEAR OF BIRTH:

WILL

STUDENT/DISABLED:

347-84-9019

1390

0

Form 8863 - Education Credits (Hope and Lifetime Learning Credits)**PART III - ALLOWABLE EDUCATION CREDITS**

GROSS EDUCATION CR PER COMPUTER:

\$ 0.00

TOTAL EDUCATION CREDIT AMOUNT:

\$ 0.00

TOTAL EDUCATION CREDIT AMOUNT PER COMPUTER:

\$ 0.00

This Product Contains Sensitive Taxpayer Data

To continue, select one of the following:

- Select **Previous** to navigate back to the previous page.
- Select **Print** to go to a printer friendly page.
- Select **Done** to return to the TDS main menu.

Previous**Print****Done**

Form 8879

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization

- Do not send to the IRS. This is not a tax return.
- Keep this form for your records. See instructions.

OMB No. 1545-0074

2005

Declaration Control Number (DCN) ► 00-368118-51949-6

| | |
|--|--|
| Taxpayer's name KILLION, MALIKAH | Social security number 342-66-0169 |
| Spouse's name | Spouse's social security number |

Part I Tax Return Information - Tax Year Ending December 31, 2005 (Whole Dollars Only)

| | | |
|--|---|--------|
| 1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4) | 1 | 22,793 |
| 2 Total tax (Form 1040, line 63; Form 1040A, line 38; Form 1040EZ, line 10) | 2 | 675 |
| 3 Federal income tax withheld (Form 1040, line 64; Form 1040A, line 39; Form 1040EZ, line 7) | 3 | 1,266 |
| 4 Refund (Form 1040, line 73a; Form 1040A, line 45a; Form 1040EZ, line 11a) | 4 | 4,633 |
| 5 Amount you owe (Form 1040, line 75; Form 1040A, line 47; Form 1040EZ, line 12) | 5 | |

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2005, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS(a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the electronic Federal Tax Payment system (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize Jackson Hewitt Tax Service to enter my PIN 07502 as my signature on my tax year 2005
ERO firm name do not enter all zeros

electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2005 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► _____ Date ► 02/02/2006

Spouse's PIN: check one box only

I authorize _____ to enter my PIN _____ as my signature on my tax year 2005
ERO firm name do not enter all zeros

electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2005 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► _____ Date ► _____

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit PIN. 36811847281
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2005 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized e-file Providers of Individual Income Tax Returns.

ERO's signature ► _____ Date ► 02/02/2006

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879 (2005)

KILLION, MALIKAH
5919
MXA F 11/30/05

* Form W-2 *

Employer EIN 76-0491397
 Employer Name SHUTTLE AMERICA CORP

| | Relationship | SON |
|-------------|---------------|--------|
| | Child Tax Cr | YES |
| Tot exempt | 3 | |
| Gross Wages | | 18,357 |
| 10,228 | Bus Income | 4,774 |
| 406 | Total Income | 23,131 |
| 10,228 | 1/2 SE Tax | 338 |
| 634 | Total Adjust | 338 |
| 10,228 | Adj Gross Inc | 22,793 |
| 148 | | |

Employer Num 760491397
 State Wages

* Form 1040, Pg 2 *

| | TP SSN | 342-66-0169 |
|--------|--------|-------------|
| 10,228 | TP SSN | 342-66-0169 |
| 106 | AGI | 22,793 |

St Whldg

Control Number 593VCQ

* Form W-2 *

Employer EIN 39-1767281
 Employer Name AIR WISCONSIN AIRLINES CORP

| | | | |
|--------------|-------|------------------|-------|
| FedEarnings | 8,129 | Total Tax | 588 |
| FedWH | 860 | Child tx Credit | 588 |
| SSWages | 8,129 | Total Credits | 588 |
| SSWH | 504 | Inc Tx Less Cr | NONE |
| MediWages | 8,129 | SE Tax | 675 |
| MediWH | 118 | Total Tax | 675 |
| Employer Num | 0005 | Fed Tax Whld | 1,266 |
| State Wages | 8,129 | EIC | 2,630 |
| St Whldg | 244 | Add Child Tax CR | 1,412 |
| | | Tot Payments | 5,308 |
| | | Amt Overpaid | 4,633 |
| | | TP Refund | 4,633 |
| | | Est Tx Pnlt | NONE |

* Form 1040, Pg 1 *

TpDOB 01/13/1978

TP First Name MALIKAH

TP Last Name KILLION

TP SSN 342-66-0169

Street Address 6751 S MARSHFIELD AVE

City State Zip CHICAGO, IL 60636

Federal filing HOH

TP Exempt cbox YES

No of Exempt 1

Dep live wth TP 2

Dependent Name CHRISHONE FELTON

Dependent SSN 332-04-9545

Relationship DAUGHTER

Child Tax Cr YES

Dependent Name CURTIS WILLIAMS

Dependent SSN 347-84-9019

* Sch C, Pg 1 *

| | |
|----------------|------------------|
| ActID | SCHC-1 |
| ProprietorName | MALIKAH KILLION |
| OwnerSSN | 342-66-0169 |
| PrintBusCode | 624410 |
| PrintBusDesc | CHILD DAY CARE |
| BusName | MALIKAH KILLION |
| EmpID | 37-6002057 |
| BusAddr | 1119 W 77TH ST |
| BusCityStZip | CHICAGO IL 60620 |
| Method used | Cash |

| | | | | |
|-----------------------|------------------|-----------------|-----------------|--------|
| Materially part | Yes | | Excss chld cr | 1,412 |
| Gross Sales | 4,774 | Txbl earned inc | | 22,793 |
| Net Sales | 4,774 | Excess taxable | Yes | |
| Gross Profit | 4,774 | Ln 4 > \$10000 | | 11,793 |
| Gross Income | 4,774 | Ln 5 X 10% | | 1,769 |
| Wages | NONE | Credit claimed | No | |
| Total Expenses | NONE | Max add chld cr | | 0 |
| TentativeProfit | 4,774 | Addl chld tx cr | | 1,412 |
| Net Profit | 4,774 | | | |
| * Schedule SE, Pg 2 * | | | | |
| TPFirstLastName | MALIKAH KILLION | RtrnFilingName | MALIKAH KILLION | |
| TP SSN | 342-66-0169 | TP SSN | 342-66-0169 | |
| Nonfarm Profit | 4,774 | Num Qual Dep | 2 | |
| Tot Net Inc Ls | 4,774 | AGI | | 22,793 |
| Net Earn SE | 4,409 | MAGI | | 22,793 |
| Tot SE Inc | 4,409 | MAGI Limit | | 75,000 |
| Net Earnings | 4,409 | MAGI exceeds th | No | |
| Tot SS WageTips | 18,357 | PhaseOut | | 0 |
| Tot Oth Inc | 18,357 | CreditLsLimit | | 2,000 |
| Inc Subj SE Tax | 71,643 | Tax | | 588 |
| SE Tax | 547 | Checkbox for ad | No | |
| Medicare Tax | 128 | TaxLsOthCredits | | 588 |
| Tot SE Tax | 675 | Credit Limit | | 588 |
| One Half SE Tax | 338 | | | |
| * Sch EIC * | | | | |
| Filing name | MALIKAH KILLION | | | |
| Tp SSN | 342-66-0169 | | | |
| Child name | CHRISHONE FELTON | | | |
| Child SSN | 332-04-9545 | | | |
| Year of Birth | 2004 | | | |
| Relationship | DAUGHTER | | | |
| Mos lvd w/ TP | 12 | | | |
| Child name | CURTIS WILLIAMS | | | |
| Child SSN | 347-84-9019 | | | |
| Year of Birth | 1990 | | | |
| Relationship | SON | | | |
| Mos lvd w/ TP | 12 | | | |
| * Form 8812 * | | | | |
| Filing name | MALIKAH KILLION | | | |
| Filing cr | 342-66-0169 | | | |
| Cr less limit | | 2,000 | | |
| Child tax cr | | 588 | | |

* Form IL-1040, Page 1 *

| | |
|----------------|-----------------------|
| TP SSN | 342-66-0169 |
| TP Name | MALIKAH KILLION |
| Address | 6751 S MARSHFIELD AVE |
| CityStateZip | CHICAGO, IL 60636 |
| AGI | 22,793 |
| Tot Inc | 22,793 |
| Base Inc | 22,793 |
| Fed exemptions | 3 |
| Fd exempt amt | 6,000 |
| Exempt Tot Amt | 6,000 |
| Net Inc | 16,793 |
| Tax | 504 |

* Form IL-1040, Page 2 *

| | |
|-----------------|------------|
| Tax | 504 |
| IL Inc Tax Whld | 350 |
| FD EIC | 2,630 |
| EIC | 132 |
| Tot Cr Pymts | 482 |
| Tax Due | 22 |
| Net Amt Owed | 22 |
| Date Printed | 02/02/2006 |

Label

(See page 18.)

Use the

IRS label.

Otherwise,
please print
or type.

MALIKAH L KILLION
6751 S MARSHFIELD APT. BSMT
CHICAGO, IL 60636

IRS Use Only - Do not write or staple in this space.

OMB No. 1545-0085

Your social security number

342-66-0169

Spouse's social security number

Important!

You must enter your
SSN(s) above.

You Spouse

 Yes No Yes NoPresidential
Election Campaign
(See page 18.)Note. Checking "Yes" will not change your tax or reduce your refund.
Do you, or your spouse if filing a joint return, want \$3 to go to this fund?

Filing

1 Single4 Head of household (with qualifying person). (See page 19.)

Status

2 Married filing jointly (even if only one had income)If the qualifying person is a child but not your dependent, enter this
child's name here. ►Check only
one box.3 Married filing separately. Enter spouse's SSN above & full name below.► 5 Qualifying widow(er) with dependent child (see page 19)

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check
box 6a.Boxes
checked on
6a and 6b

1

No. of children
on 6c who:• lived with
you• did not live
with you due
to divorce or
separation
(see page 21)

2

Dependents
on 6c not
entered aboveIf more than six
dependents,
see page 20.

| (1) First name | Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) <input checked="" type="checkbox"/> if qual. child for child tax cr. (see pg 21) |
|------------------|-----------|---|---|---|
| ANGELICA RAY | | 342-82-0265 NIECE | | <input checked="" type="checkbox"/> |
| CHRISHAWN FELTON | | 332-04-9545 NIECE | | <input checked="" type="checkbox"/> |

d Total number of exemptions claimed.

Add numbers
on lines
above ►

3

Income

7 Wages, salaries, tips, etc. 7 18,356.

Attach
Form(s) W-2
here. Also
attach
Form(s)
1099-R if tax
was withheld.

8a Taxable interest. Attach Schedule 1 if required.

8a

b Tax-exempt interest. Do not include on line 8a.

8b

9a Ordinary dividends. Attach Schedule 1 if required.

9a

b Qualified dividends (see page 23.)

9b

10 Capital gain distributions (see page 23.)

10

11a IRA distributions. 11a

11b Taxable amount
(see page 23.) 11b

12a Pensions and annuities. 12a

12b Taxable amount
(see page 24.) 12b

13 Unemployment compensation & Alaska Permanent Fund dividends.

13

14a Social security benefits. 14a

14b Taxable amount
(see page 26.) 14bAdjusted
gross
income

15 Add lines 7 through 14b (far right column). This is your total income. ► 15 18,356.

16 Educator expenses (see page 26) 16

16

17 IRA deduction (see page 26) 17

17

18 Student loan interest deduction (see page 29) 18

18

19 Tuition and fees deduction (see page 29) 19

19

20 Add lines 16 through 19. These are your total adjustments. 20

20

21 Subtract line 20 from line 15. This is your adjusted gross income. ► 21 18,356.

KBA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 57.

Form 1040A (2004)

342-66-0169 Page 2

**Tax,
credits,
and
payments****Standard
Deduction
for —**

- People who checked any box on line 23a or 23b or who can be claimed as a dependent, see page 31.

All others:Single or
Married filing
separately,
\$4,850Married filing
jointly or
Qualifying
widow(er),
\$9,700Head of
household,
\$7,150

| | | | |
|-----|--|--------------------------------|---------|
| 22 | Enter the amount from line 21 (adjusted gross income). | 22 | 18,356. |
| 23a | Check <input type="checkbox"/> You were born before January 2, 1940, if: <input type="checkbox"/> Spouse was born before January 2, 1940, <input type="checkbox"/> Blind <input type="checkbox"/> Blind Total boxes checked ► 23a <input type="checkbox"/> | 22 | 18,356. |
| b | If you are married filing separately and your spouse itemizes deductions, see page 30 and check here | ► 23b <input type="checkbox"/> | |
| 24 | Enter your standard deduction (see left margin). | 24 | 7,150. |
| 25 | Subtract line 24 from line 22. If line 24 is more than line 22, enter -0- | 25 | 11,206. |
| 26 | If line 22 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 22 is over \$107,025, see the worksheet on page 32. | 26 | 9,300. |
| 27 | Subtract line 26 from line 25. If line 26 is more than line 25, enter -n. This is your taxable income. | ► 27 | 1,906. |
| 28 | Tax, including any alternative minimum tax (see page 31). | 28 | 191. |
| 29 | Credit for child and dependent care expenses. Attach Schedule 2. | 29 | |
| 30 | Credit for the elderly or the disabled. Attach Schedule 3. | 30 | |
| 31 | Education credits. Attach Form 8863. | 31 | |
| 32 | Retirement savings contributions credit. Attach Form 8880. | 32 | |
| 33 | Child tax credit (see page 36). | 33 | 191. |
| 34 | Adoption credit. Attach Form 8839. | 34 | |
| 35 | Add lines 29 through 34. These are your total credits. | 35 | 191. |
| 36 | Subtract line 35 from line 28. If line 35 is more than line 28, enter -0- | 36 | 0. |
| 37 | Advance earned income credit payments from Form(s) W-2. | 37 | |
| 38 | Add lines 36 and 37. This is your total tax. | ► 38 | 0. |
| 39 | Federal income tax withheld from Forms W-2 and 1099. | 39 | 2,037. |
| 40 | 2004 estimated tax payments and amount applied from 2003 return. | 40 | |

If you have
a qualifying
child, attach
Schedule EIC.

| | | | |
|-----|--|------|--------|
| 41a | Earned income credit (EIC). | 41a | 3,387. |
| b | Nontaxable combat pay election. | 41b | |
| 42 | Additional child tax credit. Attach Form 8812. | 42 | 1,141. |
| 43 | Add lines 39, 40, 41a & 42. These are your total payments. | ► 43 | 6,565. |

RefundDirect
deposit?
See page 49
and fill in
45b, 45c,
and 45d.

| | | | |
|-----|--|-------|--------|
| 44 | If line 43 is more than line 38, subtract line 38 from line 43. This is the amount you overpaid. | 44 | 6,565. |
| 45a | Amount of line 44 you want refunded to you. | ► 45a | 6,565. |
| b | Routing number 071002053 ► c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| d | Account number 10877980342660169 | | |

**Amount
you owe**

| | | | |
|----|--|------|--|
| 46 | Amount of line 44 you want applied to your 2005 estimated tax. | 46 | |
| 47 | Amount you owe. Subtract line 43 from line 38. For details on how to pay, see page 51. | ► 47 | |
| 48 | Estimated tax penalty (see page 51). | 48 | |

**Third party
designee**

| | | |
|--|--|-----------------------------|
| Do you want to allow another person to discuss this return with the IRS (see page 52)? | <input checked="" type="checkbox"/> Yes. Complete the following. | <input type="checkbox"/> No |
| Designee's name | Phone no. | Personal ID number |
| ► HR BLOCK | ► (773) 650-1289 (PIN) ► 12520 | |

**Sign
here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

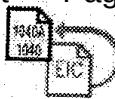
Joint return?
See page 18.
Keep a copy
for your
records.

| | | | |
|---|------|-------------------------------------|----------------------|
| Your signature For Info Only-Do not file | Date | Your occupation CUSTOMER SERVICE | Daytime phone number |
| Spouse's signature. If a joint return, both must sign. For Info Only-Do not file | Date | Spouse's occupation | |

**Paid
preparer's
use only**

| | | | |
|--|------------------------------------|--|------------------------|
| Preparer's signature | Date 1/29/2005 | Check if self-employed <input type="checkbox"/> | Preparer's SSN or PTIN |
| Firm's name (or yours if self-employed), address, and ZIP code | H AND R BLOCK CHICAGO, IL 60636 | EIN 43-1862223 Phone no. (773) 476-8802 | |

Form 1040A (2004)

SCHEDULE EIC
(Form 1040A or 1040)**Earned Income Credit**
Qualifying Child InformationComplete and attach to Form 1040A or 1040
only if you have a qualifying child.

OMB No. 1545-0074

2004Attachment
Sequence No. 43Department of the Treasury
Internal Revenue Service

Name(s) shown on return

MALIKAH L KILLIONYour social security number
342-66-0169**Before you begin:** See the instructions for Form 1040A, lines 41a and 41b, or Form 1040, lines 65a and 65b, to make sure that (a) you can take the EIC and (b) you have a qualifying child.

- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See page 2 of schedule for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1233.

Qualifying Child Information**Child 1****Child 2****1 Child's name**

If you have more than two qualifying children, you only have to list two to get the maximum credit.

Firstname Lastname

**CHRISHAWNE
FELTON**

Firstname Lastname

**ANGELICA
RAY****2 Child's SSN**

The child must have an SSN as defined on page 42 of the Form 1040A instructions or page 44 of the Form 1040 instructions unless the child was born and died in 2004. If your child was born and died in 2004 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate.

332-04-9545**342-82-0265****3 Child's year of birth**Year **2004**

If born after 1985, skip lines 4a and 4b; go to line 5.

Year **1988**

If born after 1985, skip lines 4a and 4b; go to line 5.

4 If the child was born before 1986 -**a** Was the child under age 24 at the end of 2004 and a student? Yes.
Go to line 5. No.
Continue Yes.
Go to line 5. No.
Continue**b** Was the child permanently and totally disabled during any part of 2004? Yes.
Continue No.
The child is not a qualifying child. Yes.
Continue No.
The child is not a qualifying child.**5 Child's relationship to you**

(for example, son, daughter, grandchild, niece, nephew, foster child, etc.)

NIECE**NIECE****6 Number of months child lived with you in the United States during 2004**

- If the child lived with you for more than half of 2004 but less than 7 months, enter "7".
- If the child was born or died in 2004 and your home was the child's home for the entire time he or she was alive during 2004, enter "12".

12 months

Do not enter more than 12 months.

12 months

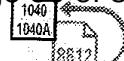
Do not enter more than 12 months.



You may also be able to take the additional child tax credit if your child (a) was under age 17 at the end of 2004, (b) is claimed as your dependent on line 6c of Form 1040A or Form 1040, and (c) is a U.S. citizen or resident alien. For more details, see the instructions for line 42 of Form 1040A or line 67 of Form 1040.

KBA For Paperwork Reduction Act Notice, see Form 1040A or 1040 instructions.

Schedule EIC (Form 1040A or 1040) 2004

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

MALIKAH L KILLION

Your social security number
3 42 - 66 - 0169**Part I All Filers**

- 1 Enter the amount from line 1 of your Child Tax Credit Worksheet on page 38 of the Form 1040 instructions or page 37 of the Form 1040A instructions. If you used Pub. 972, enter the amount from line 8 of the worksheet on page 4 of the publication.

1 2,000.

- 2 Enter the amount from Form 1040, line 51, or Form 1040A, line 33.

2 191.

- 3 Subtract line 2 from line 1. If zero, **stop**; you cannot take this credit.

3 1,809.

- 4 a Enter your total taxable earned income. See the instructions on page 2.

4a 18,356.

- b Nontaxable combat pay included on line 4a.

4b

- 5 Is the amount on line 4a more than \$10,750?

5 7,606.

No. Leave line 5 blank and enter -0- on line 6.

Yes. Subtract \$10,750 from the amount on line 4a. Enter the result

6 1,141.

- 6 Multiply the amount on line 5 by 15% (.15) and enter the result.

Next. Do you have three or more qualifying children?

No. If line 6 is zero, **stop**; you cannot take this credit. Otherwise, skip Part II and enter the

smaller of line 3 or line 6 on line 13.

Yes. If line 6 is equal to or more than line 3, skip Part II and enter the amount from line 3 on line 13. Otherwise, go to line 7.

Part II Certain Filers Who Have Three or More Qualifying Children

- 7 Enter the total of the withheld social security and Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If you worked for a railroad, see the instructions on page 2.

| | |
|----|--|
| 7 | |
| 8 | |
| 9 | |
| 10 | |

- 8 1040 filers: Enter the total of the amounts from Form 1040, lines 30 and 58, plus any uncollected social security and Medicare or tier 1 RRTA taxes included on line 62.

1040A filers: Enter -0-.

- 9 Add lines 7 and 8.

- 10 1040 filers: Enter the total of the amounts from Form 1040, lines 65a and 66.

1040A filers: Enter the total of the amount from Form 1040A, line 41a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 43 (see the instructions on page 2).

- 11 Subtract line 10 from line 9. If zero or less, enter -0-.

- 12 Enter the **larger** of line 6 or line 11 here.

Next, enter the **smaller** of line 3 or line 12 on line 13.

| | |
|----|--|
| 11 | |
| 12 | |

Part III Your Additional Child Tax Credit

- 13 This is your additional child tax credit

13 1,141.



Enter this amount on
Form 1040, line 67, or
Form 1040A, line 42.

KBA For Paperwork Reduction Act Notice, see page 2 of form.

Form 8812 (2004)

8812 (2004)
Form Software Copyright 1996 - 2005 H & R Block Tax Services, Inc.

FD8812-1V 1.13

IRS e-file Signature Authorization

OMB No. 1545-1758

Department of the Treasury
Internal Revenue Service

- Do not send to the IRS. Keep this form for your records.
- See Instructions.

2004

Declaration Control Number (DCN) ► 00-365135-

-5

Taxpayer's name

MALIKAH L KILLION

Spouse's name

Social security number

342-66-0169

Spouse's social security number

Part I Tax Return Information - Tax Year Ending December 31, 2004 (Whole Dollars Only)

| | | |
|--|---|--------|
| 1 Adjusted gross income (Form 1040, line 37; Form 1040A, line 22; Form 1040EZ, line 4) | 1 | 18,356 |
| 2 Total tax (Form 1040, line 62; Form 1040A, line 38; Form 1040EZ, line 10) | 2 | 0 |
| 3 Federal income tax withheld (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 7) | 3 | 2,037 |
| 4 Refund (Form 1040, line 72a; Form 1040A, line 45a; Form 1040EZ, line 11a) | 4 | 6,565 |
| 5 Amount you owe (Form 1040, line 74; Form 1040A, line 47; Form 1040EZ, line 12) | 5 | |

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2004, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the return, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I acknowledge that I have read the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return and I agree to the provisions contained therein. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

 I authorize HR BLOCK

ERO firm name

to enter my PIN

00703

as my signature

do not enter all zeros

on my tax year 2004 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2004 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► COPY ONLYDate ► 01/29/2005

Spouse's PIN: check one box only

 I authorize _____

ERO firm name

to enter my PIN

as my signature

do not enter all zeros

on my tax year 2004 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2004 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► COPY ONLY

Date ► _____

Practitioner PIN Method Returns Only - continue below**Part III Certification and Authentication - Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit PIN.

36513558783

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the tax year 2004 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized e-file Providers.

ERO's signature ► _____

Date ► 01/29/2005

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

KBA For Privacy Act and Paperwork Reduction Act Notice, see page 2 of form.

Form 8879 (2004)

8879(D) (2004)

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FD8879D-1V1.0

2004 Tax Return Summary

Federal Year over Year Comparison

| | Year 2004 | Year 2003 | Change(\$) |
|-------------------------------------|-------------------|-------------------|------------|
| Wages, salaries, tips | \$18,356 | \$23,838 | (\$5,482) |
| Total income | \$18,356 | \$23,838 | (\$5,482) |
| ADJUSTED GROSS INCOME | | | |
| Total income less total adjustments | \$18,356 | \$23,838 | (\$5,482) |
| TAXABLE INCOME | | | |
| Standard deductions | \$7,150 | \$7,000 | \$150 |
| Exemptions | \$9,300 | \$9,150 | \$150 |
| Taxable income | \$1,906 | \$7,688 | (\$5,782) |
| TAX COMPUTATION | | | |
| Income tax | \$191 | \$768 | (\$577) |
| Tax before credits | \$191 | \$768 | (\$577) |
| CREDITS | | | |
| Child tax credit | \$191 | \$768 | (\$577) |
| Total credits | \$191 | \$768 | (\$577) |
| PAYMENTS | | | |
| Federal withholding | \$2,037 | \$1,821 | \$216 |
| Earned income credit | \$3,387 | \$2,078 | \$1,309 |
| Additional child tax credit | \$1,141 | \$1,232 | (\$91) |
| Total payments | \$6,565 | \$5,131 | \$1,434 |
| REFUND | | | |
| Overpayment | \$6,565 | \$5,131 | \$1,434 |
| Refund due | \$6,565 | \$5,131 | \$1,434 |
| OTHER COMPUTATIONS | | | |
| Alternative minimum taxable income | \$18,356 | \$23,838 | (\$5,482) |
| Marginal tax bracket | 10% | 10% | |
| Filing status | Head of Household | Head of Household | |

An H&R Block Tax Professional is available year-round to provide you with information about these opportunities.
 For more information about tax, mortgage and financial services call 1-800-HRBLOCK or visit hrblock.com.

This H&R Block Advantage document provides suggestions that may help you improve your tax and financial situation. Its contents should be considered in conjunction with information you receive from other sources that are familiar with your specific circumstances. H&R Block Financial Advisors, Inc., a subsidiary of H&R Block Inc. offers investment services and securities products. H&R Block Financial Advisors, Inc. is a dually-registered investment advisor and broker-dealer and a member of NYSE/SIPC. Tax services offered through subsidiaries of H&R Block Services Inc. Mortgage services offered through H&R Block Mortgage Inc. H&R Block Inc., H&R Block Services Inc. and H&R Block Mortgage Inc. are not registered broker-dealers.

Client Services

Name

MALIKAH L. KILLION
ANGELICA RAY
CHRISHAWNE FELTON

| Date of Birth | SSN | Relationship | Number of Months Supported |
|-------------------|-------------|--------------|----------------------------|
| January 13, 1978 | 342-66-0169 | SELF | N/A |
| November 15, 1988 | 342-82-0265 | NIECE | 12 |
| October 06, 2004 | 332-04-9545 | NIECE | 12 |

Tax Preparation Fees

| | |
|----------------------------|----------|
| Total Tax Preparation (IL) | \$202.00 |
|----------------------------|----------|

Total HRB Fees

Bank Fees

| | |
|--------------------|---------|
| Finance Charge | \$85.00 |
| Refund Account Fee | \$24.95 |

Total Fees

\$311.95

Net Amount/Delivery

The Refund Anticipation Loan (RAL) check(s) will be available in about 1 - 2 days for the estimated amount(s) of: Check 1: \$6,253.05 \$6,565.00

You will receive a check from Illinois for the amount of \$349.00. \$349.00

If, due to H&R Block's error, you are entitled to a larger refund (or smaller tax liability) than what we calculated, we will refund your tax preparation fee for that return. At participating locations. Refund claims must be made during calendar year 2005.

An H&R Block Tax Professional is available year-round to provide you with information about these opportunities. For more information about tax, mortgage and financial services call 1-800-HRBLOCK or visit hrblock.com.

This H&R Block Advantage document provides suggestions that may help you improve your tax and financial situation. Its contents should be considered in conjunction with information you receive from other sources that are familiar with your specific circumstances. H&R Block Financial Advisors, Inc., a subsidiary of H&R Block Inc. offers investment services and securities products. H&R Block Financial Advisors, Inc. is a dually-registered investment advisor and broker-dealer and a member of NYSE/SIPC. Tax services offered through subsidiaries of H&R Block Services Inc. Mortgage services offered through H&R Block Mortgage Inc. H&R Block Inc., H&R Block Services Inc. and H&R Block Mortgage Inc. are not registered broker-dealers.

Name MALIKAH L KILLIONSSN 342-66-0169

You've applied for a RAL from the Bank subject to the Bank's rights stated in your RAL application and confirmation of the information that you've supplied the Bank. At the time of your final approval, your loan will be subject to all the terms, conditions, and authorizations (including offsets of prior amounts) in your RAL Application.

Anticipated Refund**Fees for Tax Prep and Other:**

Tax Preparation Fee

Other Fee(s)

(Less Coupon

Sales Tax

6,565.00

| |
|-------------|
| 202.00 |
| 0.00 |
| 0.00) |
| <u>0.00</u> |

202.00

Peace of Mind Fee

System Administration Fee

State Electronic Filing Fee

Bank Fees:

Finance Charge

Refund Account Fee

| |
|--------------|
| 85.00 |
| <u>24.95</u> |

109.95

Total Fees Withheld**311.95****Amount Available for Refund Anticipation Loan Check/Direct Deposit****6,253.05****COPY****ONLY****DO NOT****FILE**

Step 1: Personal information

Do not write above this line.



342-66-0169

MALIKAH L KILLION

COPY

6751 S MARSHFIELD APT BSMT
CHICAGO IL 60636

C Filing status (check one)

 Single or head of household Married filing jointly Married filing separately Widowed

Step 2: Income

- 1 Federal adjusted gross income from your U.S. 1040, Line 36; U.S. 1040A, Line 21;
U.S. 1040EZ, Line 4; or U.S. TeleFile Tax Record, Line 1. **1** **18,356.00**
- 2 Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b;
or U.S. 1040EZ **2**
- 3 Other additions to your income. **3**
- 4 Add Lines 1 through 3. This is your total income. **4** **18,356.00**

Step 3: Base Income

- 5 Income received from Social Security benefits and certain retirement plans
if included in Step 2, Line 1. **5**
- 6 Military pay earned if included in Step 2, Line 1. **6**
- 7 Illinois Income Tax overpayment included in U.S. 1040, Line 10 **7**
- 8 U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency
interest from U.S. 1040, Schedule B, or U.S. 1040A, Schedule 1 **8**
- 9 Other subtractions to your income. **9**
Check if Line 9 includes any amount from Schedule 1299-C
- 10 Add Lines 5 through 9. This is the total of your subtractions. **10**
- 11 Subtract Line 10 from Line 4. This is your Illinois base income. **11** **18,356.00**

Step 4: Exemptions

- 12 a Number of exemptions from your federal return **3** \$2,000 **a** **6,000.00**
- b If someone else claimed you or your spouse as a dependent on their
return, see instructions to figure the number to write here. **b** \$2,000
- c Check if 65 or older: You + Spouse = **c** \$1,000
- d Check if legally blind: You + Spouse = **d** \$1,000
- Add Lines a through d. This is your total Illinois exemption allowance. **12** **6,000.00**

▼ Step 5: Net Income

- 13 Residents only: Subtract Line 12 from Line 11. This is your net income. Skip Line 14. **13** **12,356.00**
- 14 Nonresidents and part-year residents only:
Check the box that applies to you during the year 2004. Nonresident Part-year resident
Illinois base income from Schedule NR. **14**

Step 6: Tax

- 15 Residents: Multiply Line 13 by 3% (.03). Write the result here. This is your tax.
Nonresidents and part-year residents: Write the tax from Schedule NR.
This amount may not be less than zero. **15** **371.00**

16 371.00

Step 7: Payments and Credits

Nonresidents may not claim a credit on Lines 19, 20, or 21.
The total of Lines 19, 20b, and 21b may not exceed the tax amount on Line 18.

16 Tax amount from Page 1, Step 6, Line 15

| | | |
|---|-----|----------|
| 17 Illinois Income Tax withheld. Attach W-2 and 1099 forms. | 17 | 551.00 |
| 18 Estimated payments from Forms IL-505-J and IL-1040-ES, including overpayment applied from 2003 return | 18 | |
| 19 Income tax paid to another state while an Illinois resident. Attach Schedule CR and other states' returns. | 19 | |
| 20 Illinois Property Tax credit. You must complete the PT Worksheet in instructions. | 20a | |
| PT Worksheet Line 3 amount | 20b | |
| PT Worksheet Line 8 amount | | |
| 21 Education expense credit. You must complete ED Worksheet in instructions. or Schedule ED. Attach receipt or Schedule ED. | 21a | |
| ED Worksheet or Sch ED Line 1 amount | 21b | |
| ED Worksheet or Sch ED Line 10 amount | | |
| 22 Earned Income Credit. You must complete EIC Worksheet in instructions. | 22a | 3,387.00 |
| EIC Worksheet Line 1 amount | 22b | 169.00 |
| EIC credit amount from the EIC Worksheet | | |
| Check if you have a qualifying child (living with you) born after 12/31/86. <input checked="" type="checkbox"/> | | |
| 23 Income tax credit amount from Schedule 1299-C. Attach Schedule 1299-C. | 23 | |
| 24 Add Lines 17, 18, 19, 20b, 21b, 22b, and 23. This is the total of your payments and credits. | 24 | 720.00 |

Step 8: Overpayment or Tax Due

| | | |
|---|----|--------|
| 25 If Line 24 is greater than Line 16, subtract Line 16 from Line 24. This is your overpayment. | 25 | 349.00 |
| 26 If Line 16 is greater than Line 24, subtract Line 24 from Line 16. This is your tax due. | 26 | |

Step 9: Penalty

| | | |
|---|----|--------------------------|
| 27 Late payment penalty for underpayment of estimated tax | 27 | |
| a Check if you annualized your income on Form IL-2210, Step 6, or if you are 65 or older and permanently living in a nursing home. Attach Form IL-2210. | | |
| b Check if at least two-thirds of your federal gross income is from farming. | | <input type="checkbox"/> |

Step 10: Donations

| | |
|--|----|
| 28 Any donation will reduce your refund or increase the amount you owe | |
| Wildlife Preservation | a |
| Child Abuse Prevention | b |
| Alzheimer's Research | c |
| Homeless Assistance | d |
| Breast Cancer Research | e |
| Add Lines a through e. This is your donation total. | 28 |

| | | |
|---|----|------|
| 29 Add Line 27 and Line 28. This is your total penalty and donations. | 29 | 0.00 |
|---|----|------|

Step 11: Refund or Amount You Owe

| | | |
|--|----|--------|
| 30 If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. | 30 | 349.00 |
| 31 Amount from Line 30 that you want applied to 2005 estimated tax | 31 | |
| 32 Subtract Line 31 from Line 30. This is your refund. | 32 | 349.00 |
| 33 Complete to direct deposit your refund | | |

Direct Deposit

See instructions for payment options.

Routing number Checking or Savings

Account number

If you have tax due on Line 26, add Lines 26 and 29. OR

If you have an overpayment on Line 25 and this amount is less than Line 29, subtract Line 25 from Line 29. This is the amount you owe.

34

Step 12: Sign and Date

Under penalties of perjury, I state that I have examined this return, and, to the best of my knowledge, it is true, correct, and complete.

| | | |
|-----------------------------|----------------|-------------------------------|
| For Information Only | (773) 851-7237 | For Information Only |
| Your signature | Date | Daytime phone number |
| 01/29/05 | (773) 476-8802 | Your spouse's signature |
| Paid preparer's signature | Date | Preparer's phone number |
| | | 43-1862223 |
| | | Preparer's FEIN, SSN, or PTIN |

If no payment enclosed, ILLINOIS DEPARTMENT OF REVENUE
mail to: SPRINGFIELD IL 62719-0001 If payment enclosed, ILLINOIS DEPARTMENT OF REVENUE
mail to: SPRINGFIELD IL 62726-0001

IL-1040 page 2 (R12/04) DR AP CA ME NS PR RV WA WV ZZ ID



IL-8453 Illinois 2004 Individual Income Tax Electronic Filing Declaration

(Do not mail Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

Step 1: Provide taxpayer information

| | | | | | | |
|---------------|----------------------------|-------------------------------|--|----------------------|---|-------------|
| Print or type | MALIKAH L | First name and middle initial | Spouse's first name (and last name if different) | Last name | KILLION | 342-66-0169 |
| | 6751 S MARSHFIELD APT BSMT | | | | Social Security number | |
| | CHICAGO IL 60636 | | | | Spouse's Social Security number (773) 851-7237 | |
| | City | State | ZIP | Daytime phone number | | |

Step 2: Complete information from tax return

| | |
|--|----------------------------------|
| 1 Net income from Form IL-1040, Line 13, or Schedule NR, Step 5, Line 54 | 1 12,356.00 |
| 2 Tax from Form IL-1040, Line 15 | 2 371.00 |
| 3 Illinois Income Tax withheld from Form IL-1040, Line 17 only (write "0" if none) | 3 551.00 |
| 4 Overpayment from Form IL-1040, Line 30 | 4 349.00 |
| 5 Total amount due from Form IL-1040, Line 34 | 5 .00 |
| 6 Filing status: <input checked="" type="checkbox"/> Single/head of household <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately | <input type="checkbox"/> Widowed |

Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)

Note: To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission.

- 7 Routing no. (RN): _____
- 8 Account no. (AN): _____
- 9 Type of account: Checking Savings
- 10 Date the payment is to be electronically withdrawn: _____
- 11 Electronic funds withdrawal amount: _____
- 12 Name on account: _____

Step 4: Taxpayer declaration and signature (Sign only after Step 2 and Step 3 (if applicable) is completed.)

- I consent that my refund may be directly deposited as designated in Step 3 and declare the information on lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic IL-1040 return and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.

| | | | | |
|-----------|------------------|------|--|------|
| Sign here | COPY ONLY | Date | COPY ONLY | Date |
| | Your signature | | Spouse's signature (if joint return, both must sign) | |

Step 5: Electronic return originator (ERO) and paid preparer declaration and signature

I declare that I have examined this taxpayer's electronic IL-1040 return, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.

| | | |
|---|--|---|
| ERO's signature | 01/29/2005 | Check if paid preparer: <input checked="" type="checkbox"/> (See instructions.) |
| H AND R BLOCK | Date | |
| use only | Your Social Security number (SSN) or PTIN 43-1862223 | |
| Firm's name or your name if self-employed | Federal employer identification number (FEIN) (773) 476-8802 | |
| 6245 S ASHLAND | Phone number | |
| Mailing address | | |
| CHICAGO IL 60636 | | |
| City | State ZIP | |

Step 6: Attach required documents (e.g., Forms W-2, W-2G, 1099-R, IL-1310, out-of-state returns, etc.)

IL-8453 (R-09/04)

8453(D) (2004)

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IL8453D-1V 1.51

Northwest Airlines

[Close Window](#)
[Print a Copy](#)

MALIKAH L KILLION
 NW 21 267385
 CHECK# 7798220

| | | | | | | |
|-------|-------|--------|---------|------|--------|------------------------|
| FED S | EX 99 | ADDL 0 | STATE S | EX 4 | ADDL 0 | PERIOD END: 12/30/2007 |
| | | | | | | CHECK DATE: 1/11/2008 |

STATEMENT OF EARNINGS AND DEDUCTIONS

| EARNINGS | RATE | HOURS | CURRENT | YTD | TAXES/DEDUCTIONS | CURRENT | YTD | CURR | TAXABLE EARNINGS | YTD |
|-----------------|--------|--------|---------|----------------|------------------|---------|--------|------|------------------|--------|
| REGULAR EARNING | 39.87 | 41.62 | 41.62 | SOCIAL SEC TAX | | 42.96 | 42.96 | | 692.84 | 692.84 |
| RESV GUARANTEE | 28.48 | 497.32 | 497.32 | MEDICARE TAX | | 10.05 | 10.05 | | 692.84 | 692.84 |
| BID TRIP GUAR | 1.28 | 22.41 | 22.41 | ILLINOIS | | 10.11 | 10.11 | | 670.58 | 670.58 |
| DUTY PERIOD | 7.38 | 128.91 | 128.91 | TAX I.FVY | | 62.50 | 62.50 | | | |
| DEAD HEAD | 1.96 | 34.34 | 34.34 | RETIREE SAV * | | 22.26 | 22.26 | | | |
| STANDBY PAY | 1.00 | 17.45 | 17.45 | MEDICAL* | | 45.33 | 45.33 | | | |
| PR DIEM NOTX # | 159.01 | 262.38 | 262.38 | DENTAL* | | 3.88 | 3.88 | | | |
| | | | | C PASS S/C | | 70.82 | 70.82 | | | |
| | | | | AD&D | | .20 | 0.20 | | | |
| | | | | TERM I OPT | | 1.00 | 1.00 | | | |
| | | | | UNION DUES | | 39.00 | 39.00 | | | |
| | | | | ACH DEPOSIT | | 696.32 | 696.32 | | | |

CURRENT 401(K) EMPLOYER CONTRIBUTION = \$22.26 (03 %)

| | TOTAL EARNINGS | PRE - TAX DEDUCTIONS * | TAXES | OTHER DEDUCTIONS | NET PAY | NON-TAXABLE EARNINGS # |
|--------------|----------------|------------------------|-------|------------------|---------|------------------------|
| CURRENT | 1004.43 | 71.47 | 63.12 | 173.52 | 696.32 | 262.38 |
| YEAR TO DATE | 1004.43 | 71.47 | 63.12 | 173.52 | 696.32 | 262.38 |



NORTHWEST AIRLINES

2700 LONE OAK
 PARKWAY
 EAGAN, MN 55121-1534

DATE
 1/11/2008

ADVICE NO
 7798220

BANKONE

ACH DEPOSIT

PAYROLL ADVICE
 696.32

NW 21 0001 5850 267385 DTW
 MALIKAH L KILLION
 6751 S MARSHFIELD
 CHICAGO IL 60636

NORTHWEST AIRLINES
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 ACCOUNT
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Northwest Airlines

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MALIKAH L KILLION
 NW 21 267385
 CHECK# 7824452

| FED | EX | ADDL | STATE | EX | ADDL | PERIOD END: | 1/15/2008 |
|-----|----|------|-------|----|------|-------------|-----------|
| S | 99 | 0 | S | 4 | 0 | CHECK DATE: | 1/25/2008 |

STATEMENT OF EARNINGS AND DEDUCTIONS

| EARNINGS | RATE | HOURS CURRENT | YTD | TAXES/DEDUCTIONS | CURRENT | YTD | CURR | TAXABLE EARNINGS |
|-----------------|------|---------------|--------|------------------|---------|---------|--------|------------------|
| REGULAR EARNING | | 661.12 | 702.74 | SOCIAL SEC TAX | 37.93 | 80.89 | 611.91 | 1304.75 |
| RESV GUARANTEE | .00 | 497.32 | | MEDICARE TAX | 8.87 | 18.92 | 611.91 | 1304.75 |
| BID TRIP GUAR | .00 | 22.41 | | ILLINOIS | 7.76 | 17.87 | 592.08 | 1262.66 |
| DUTY PERIOD | .00 | 128.91 | | TAX LEVY | 62.50 | 125.00 | | |
| DEAD HEAD | .00 | 34.34 | | RETIRE SAV * | 19.83 | 42.09 | | |
| STANDBY PAY | .00 | 17.45 | | MEDICAL* | 45.33 | 90.66 | | |
| PR DIEM NOTX # | .00 | 262.38 | | DENTAL* | 3.88 | 7.76 | | |
| | | | | C PASS S/C | .00 | 70.82 | | |
| | | | | AD&D | .00 | 0.20 | | |
| | | | | TERM I OPT | .00 | 1.00 | | |
| | | | | UNION DUES | .00 | 39.00 | | |
| | | | | ACH DEPOSIT | 475.02 | 1171.34 | | |

CURRENT 401(K) EMPLOYER CONTRIBUTION = \$19.83 (03 %)

| TOTAL EARNINGS | PRE - TAX DEDUCTIONS * | TAXES | OTHER DEDUCTIONS | NET PAY | NON-TAXABLE EARNINGS # |
|---------------------|------------------------|--------|------------------|---------|------------------------|
| CURRENT | 661.12 | 69.04 | 54.56 | 62.50 | 475.02 |
| YEAR TO DATE | 1665.55 | 140.51 | 117.68 | 236.02 | 1171.34 |



2700 LONE OAK
 PARKWAY
 EAGAN, MN 55121 1534

DATE
 1/25/2008

ADVICE NO
 7824452

BANKONE

ACH DEPOSIT

PAYROLL ADVICE
 475.02

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 CHICAGO IL 60636

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MALIKAH L KILLION
 NW 21 267385
 CHECK# 7856468

| FED | EX | ADDL | STATE | EX | ADDL | PERIOD END: | 1/30/2008 |
|-----|----|------|-------|----|------|-------------|-----------|
| S | 9 | 0 | S | 9 | 0 | CHECK DATE: | 2/13/2008 |

STATEMENT OF EARNINGS AND DEDUCTIONS

| EARNINGS | RATE | HOURS | CURRENT | YTD | TAXES/DEDUCTIONS | CURRENT | YTD | CURR | YTD | TAXABLE EARNINGS |
|-----------------|--------|--------|-------------|---------|------------------|---------|---------|---------|---------|------------------|
| REGULAR EARNING | 38.17 | 12.05 | 714.79 | 1474.79 | FEDERAL TAX | 46.86 | 46.86 | 1841.59 | 3104.25 | |
| RESV GUARANTEE | 35.86 | 632.33 | 1129.65 | 1129.65 | SOCIAL SEC TAX | 117.81 | 198.70 | 1900.07 | 3204.82 | |
| BID TRIP GUAR | 1.41 | 24.98 | 47.39 | 47.39 | MEDICARE TAX | 27.55 | 46.47 | 1900.07 | 3204.82 | |
| HOLIDAY PAY | | 500.00 | 500.00 | 500.00 | ILLINOIS | 32.74 | 50.61 | 1841.59 | 3104.25 | |
| DUTY PERIOD | 2.56 | 45.25 | 174.16 | 174.16 | TAX LEVY | 62.50 | 187.50 | | | |
| DEAD HEAD | 1.96 | 34.67 | 69.01 | 69.01 | RETIREE SAV * | 58.48 | 100.57 | | | |
| STANDBY PAY | | .00 | 17.45 | 17.45 | MEDICAL* | 45.33 | 135.99 | | | |
| PR DIEM NOTX # | 118.18 | 195.00 | 457.38 | 457.38 | DENTAL* | 3.88 | 11.64 | | | |
| HOLIDAY RECOGN | | 700.00 | 700.00 | 700.00 | C PASS S/C | 91.28 | 162.10 | | | |
| | | | AD&D | | | .20 | 0.40 | | | |
| | | | TERM I OPT | | | 1.00 | 2.00 | | | |
| | | | UNION DUES | | | 39.00 | 78.00 | | | |
| | | | ACH DEPOSIT | | | 1617.65 | 2788.99 | | | |

CURRENT 401(K) EMPLOYER CONTRIBUTION = \$58.48 (03 %)

| | TOTAL EARNINGS | PRE - TAX DEDUCTIONS * | TAXES | OTHER DEDUCTIONS | NET PAY | NON-TAXABLE EARNINGS # |
|--------------|----------------|------------------------|--------|------------------|---------|------------------------|
| CURRENT | 2144.28 | 107.69 | 224.96 | 193.98 | 1617.65 | 195.00 |
| YEAR TO DATE | 3809.83 | 248.20 | 342.64 | 430.00 | 2788.99 | 457.38 |



NORTHWEST AIRLINES

DATE
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ADVICE NO
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BANKONE

ACH DEPOSIT

PAYROLL ADVICE
 1617.65

NW 21 0001 5850 267385 DTW
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 CHECK# 7856468

| FED | EX | ADDL | STATE | EX | ADDL | PERIOD END: | 1/30/2008 |
|-----|----|------|-------|----|------|-------------|-----------|
| S | 9 | 0 | S | 9 | 0 | CHECK DATE: | 2/13/2008 |

STATEMENT OF EARNINGS AND DEDUCTIONS

| EARNINGS | | | | | | TAXABLE EARNINGS | | | |
|-----------------|--------|---------------|----------|--------------------------|---------|------------------|---------|---------|--|
| | RATE | HOURS CURRENT | YTD | TAXES/DEDUCTIONS CURRENT | YTD | CURR | YTD | | |
| REGULAR EARNING | 38.17 | 12.05 | 714.79 | FEDERAL TAX | 46.86 | 46.86 | 1841.59 | 3104.25 | |
| RESV GUARANTEE | 35.86 | 632.33 | 1129.65 | SOCIAL SEC TAX | 117.81 | 198.70 | 1900.07 | 3204.82 | |
| BID TRIP GUAR | 1.41 | 24.98 | 47.39 | MEDICARE TAX | 27.55 | 46.47 | 1900.07 | 3204.82 | |
| HOLIDAY PAY | | 500.00 | 500.00 | ILLINOIS | 32.74 | 50.61 | 1841.59 | 3104.25 | |
| DUTY PERIOD | 2.56 | 45.25 | 174.16 | TAX LEVY | 62.50 | 187.50 | | | |
| DEAD HEAD | 1.96 | 34.67 | 69.01 | RETIREE SAV * | 58.48 | 100.57 | | | |
| STANDBY PAY | .00 | 17.45 | MEDICAL* | | 45.33 | 135.99 | | | |
| PR DIEM NOTX # | 118.18 | 195.00 | 457.38 | DENTAL* | 3.88 | 11.64 | | | |
| HOLIDAY RECOGN | | 700.00 | 700.00 | C PASS S/C | 91.28 | 162.10 | | | |
| | | | | AD&D | .20 | 0.40 | | | |
| | | | | TERM I OPT | 1.00 | 2.00 | | | |
| | | | | UNION DUES | 39.00 | 78.00 | | | |
| | | | | ACH DEPOSIT | 1617.65 | 2788.99 | | | |

CURRENT 401(K) EMPLOYER CONTRIBUTION = \$58.48 (03 %)

| | TOTAL EARNINGS | PRE - TAX DEDUCTIONS * | TAXES | OTHER DEDUCTIONS | NET PAY | NON-TAXABLE EARNINGS # |
|--------------|----------------|------------------------|--------|------------------|---------|------------------------|
| CURRENT | 2144.28 | 107.69 | 224.96 | 193.98 | 1617.65 | 195.00 |
| YEAR TO DATE | 3809.83 | 248.20 | 342.64 | 430.00 | 2788.99 | 457.38 |



DATE
 2/13/2008
 2700 LONE OAK PARKWAY
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ADVICE NO
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BANKONE

ACH DEPOSIT

PAYROLL ADVICE
 1617.65

NW 21 0001 5850 267385 DTW
 MALIKAH L KILLION
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| FED | EX | ADDL | STATE | EX | ADDL | PERIOD END: | 2/15/2008 |
|-----|----|------|-------|----|------|-------------|-----------|
| S | 9 | 0 | S | 9 | 0 | CHECK DATE: | 2/27/2008 |

STATEMENT OF EARNINGS AND DEDUCTIONS

| EARNINGS | RATE | HOURS CURRENT | YTD | TAXES/DEDUCTIONS | CURRENT | YTD | CURR | YTD |
|-----------------|------|---------------|---------------|------------------|---------|---------|--------|---------|
| REGULAR EARNING | | 661.12 | 1375.91 | FEDERAL TAX | 0 | 46.86 | 592.08 | 3696.33 |
| RESV GUARANTEE | .00 | 1129.65 | | SOCIAL SEC TAX | 37.94 | 236.64 | 611.91 | 3816.73 |
| BID TRIP GUAR | .00 | 47.39 | | MEDICARE TAX | 8.87 | 55.34 | 611.91 | 3816.73 |
| HOLIDAY PAY | .00 | 500.00 | ILLINOIS | | 0 | 50.61 | 592.08 | 3696.33 |
| DUTY PERIOD | .00 | 174.16 | TAX LEVY | | 62.50 | 250.00 | | |
| DEAD HEAD | .00 | 69.01 | RETIREE SAV * | | 19.83 | 120.40 | | |
| STANDBY PAY | .00 | 17.45 | MEDICAL* | | 45.33 | 181.32 | | |
| PR DIEM NOTX # | .00 | 457.38 | DENTAL* | | 3.88 | 15.52 | | |
| HOLIDAY RECOGN | .00 | 700.00 | C PASS S/C | | .00 | 162.10 | | |
| | | | | AD&D | .00 | 0.40 | | |
| | | | | TERM I OPT | .00 | 2.00 | | |
| | | | | UNION DUES | .00 | 78.00 | | |
| | | | | ACH DEPOSIT | 482.77 | 3271.76 | | |

CURRENT 401(K) EMPLOYER CONTRIBUTION = \$19.83 (03 %)

| | TOTAL EARNINGS | PRE - TAX DEDUCTIONS * | TAXES | OTHER DEDUCTIONS | NET PAY | NON-TAXABLE EARNINGS # |
|--------------|----------------|------------------------|--------|------------------|---------|------------------------|
| CURRENT | 661.12 | 69.04 | 46.81 | 62.50 | 482.77 | .00 |
| YEAR TO DATE | 4470.95 | 317.24 | 389.45 | 492.50 | 3271.76 | 457.38 |



DATE
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ADVICE NO
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BANKONE

ACH DEPOSIT

PAYROLL ADVICE
 482.77

NW 21 0001 5850 267385 DTW
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| FED | EX | ADDL | STATE | EX | ADDL | PERIOD END: | 2/29/2008 |
|-----|----|------|-------|----|------|-------------|-----------|
| S | 9 | 0 | S | 9 | 0 | CHECK DATE: | 3/13/2008 |

STATEMENT OF EARNINGS AND DEDUCTIONS

| EARNINGS | RATE | HOURS CURRENT | YTD | TAXES/DEDUCTIONS | CURRENT | YTD | CURR | YTD | TAXABLE EARNINGS |
|------------------|--------|---------------|---------------|------------------|---------|---------|---------|---------|------------------|
| REGULAR EARNING | 85.87 | 853.00 | 2228.91 | FEDERAL TAX | 38.25 | 85.11 | 1578.50 | 5274.83 | |
| RESV GUARANTEE | 12.98 | 228.89 | 1358.54 | SOCIAL SEC TAX | 100.99 | 337.63 | 1628.84 | 5445.57 | |
| BID TRIP GUAR | 1.41 | 24.98 | 72.37 | MEDICARE TAX | 23.62 | 78.96 | 1628.84 | 5445.57 | |
| LEAD F/A | 22.56 | 38.14 | 38.14 | ILLINOIS | 24.85 | 75.46 | 1578.50 | 5274.83 | |
| HOLIDAY PAY | .00 | 500.00 | TAX LEVY | | 62.50 | 312.50 | | | |
| GROUND TIME | 17.50 | 17.50 | RETIREE SAV * | | 50.34 | 170.74 | | | |
| DUTY PERIOD | 2.55 | 44.96 | 219.12 | MEDICAL* | 45.33 | 226.65 | | | |
| DEAD HEAD | .00 | 69.01 | DENTAL * | | 3.88 | 19.40 | | | |
| STANDBY PAY | .00 | 17.45 | C PASS S/C | | .00 | 162.10 | | | |
| PR DIEM NOTX # | 232.06 | 382.91 | 840.29 | AD&D | .20 | 0.60 | | | |
| HOLIDAY RECOGN | .00 | 700.00 | TERM I OPT | | 1.00 | 3.00 | | | |
| SURPLUS SEV | 160.87 | 160.87 | UNION DUES | | 39.00 | 117.00 | | | |
| TRAINING | 8.50 | 159.86 | 159.86 | SIK/OJI DEDUCT | 121.50 | 121.50 | | | |
| ---TRUST PAY --- | | | | ACH DEPOSIT | 1549.50 | 4821.26 | | | |
| SICK PAY | 8.50 | 149.85 | 149.85 | | | | | | |

CURRENT 401(K) EMPLOYER CONTRIBUTION = \$50.34 (03 %)

| | TOTAL EARNINGS | PRE - TAX DEDUCTIONS * | TAXES | OTHER DEDUCTIONS | NET PAY | NON-TAXABLE EARNINGS # |
|---------------------|----------------|------------------------|--------|------------------|---------|------------------------|
| CURRENT | 2060.96 | 99.55 | 187.71 | 224.20 | 1549.50 | 382.91 |
| YEAR TO DATE | 6531.91 | 416.79 | 577.16 | 716.70 | 4821.26 | 840.29 |



DATE
 3/13/2008
 2700 LONE OAK PARKWAY
 EAGAN, MN 55121-1534

ADVICE NO
 7909646

BANKONE

ACH DEPOSIT

PAYROLL ADVICE
 1549.50

NW 21 0001 5850 267385 DTW
 MALIKAH L KILLION
 6751 S MARSHFIELD
 CHICAGO IL 60636

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CHECK#

PERIOD END:
CHECK DATE:

PAY STATEMENT

| PAY TYPE | CURRENT YEAR TO DATE INFORMATION |
|--------------|--|
| SICK/OJI PAY | 121.50 121.50 This check or deposit is payment of your net Sick/OJI pay for the pay period listed above. This net amount is a percentage of your total net earnings. The percentage is calculated by dividing your total Sick/OJI pay by your total gross earnings. Please refer to your regular Statement of Earnings to see your detailed gross to net calculation and your itemized earnings, taxes and deductions for this pay period. |
| TOTALS | 121.50 121.50 |



2700 LONE OAK PARKWAY
EAGAN, MN 55121-1534

DATE
3/13/2008

ADVICE NO
191229

BANKONE ACH DEPOSIT PAYROLL ADVICE 121.50

NW 21 0001 5850 267385 DTW
MALIKAH L KILLION
6751 S MARSHFIELD
CHICAGO IL 60636

NORTHWEST AIRLINES
NOTICE OF DEPOSIT TO
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 NW 21 267385
 CHECK# 7932564

| FED | EX | ADDL | STATE | EX | ADDL |
|-----|----|------|-------|----|------|
| S | 9 | 0 | S | 9 | 0 |

PERIOD END: 3/13/2008
 CHECK DATE: 3/19/2008

STATEMENT OF EARNINGS AND DEDUCTIONS

| EARNINGS | RATE | HOURS | CURRENT | YTD | TAXES/DEDUCTIONS | CURRENT | YTD | CURR | YTD | TAXABLE EARNINGS |
|------------------|--------|---------|-------------------|-------|------------------|---------|---------|---------|-----|------------------|
| REGULAR EARNING | .00 | 2228.91 | FEDERAL TAX | 94.69 | 179.80 | 378.79 | 5653.62 | | | |
| RESV GUARANTEE | .00 | 1358.54 | SOCIAL SEC TAX | 24.21 | 361.84 | 390.51 | 5836.08 | | | |
| BID TRIP GUAR | .00 | 72.37 | MEDICARE TAX | | 5.66 | 84.62 | 390.51 | 5836.08 | | |
| LEAD F/A | .00 | 38.14 | ILLINOIS | | 11.36 | 86.82 | 378.79 | 5653.62 | | |
| HOLIDAY PAY | .00 | 500.00 | TAX LEVY | | | .00 | 312.50 | | | |
| GROUND TIME | .00 | 17.50 | RETIREE SAV * | | 11.72 | 182.46 | | | | |
| DUTY PERIOD | .00 | 219.12 | MEDICAL* | | | .00 | 226.65 | | | |
| DEAD HEAD | .00 | 69.01 | DENTAL * | | | .00 | 19.40 | | | |
| STANDBY PAY | .00 | 17.45 | C PASS S/C | | | .00 | 162.10 | | | |
| PR DIEM NOTX # | .00 | 840.29 | AD&D | | | .00 | 0.60 | | | |
| HOLIDAY RECOGN | .00 | 700.00 | TERM I OPT | | | .00 | 3.00 | | | |
| SURPLUS SEV | .00 | 160.87 | UNION DUES | | | .00 | 117.00 | | | |
| TRAINING | .00 | 159.86 | SIK/OJI DEDUCT | | | .00 | 121.50 | | | |
| PERFORM INCENT | 54.08 | | 54.08 ACH DEPOSIT | | | 242.87 | 5064.13 | | | |
| PROFIT SHARE | 336.43 | | 336.43 | | | | | | | |
| ---TRUST PAY --- | | | | | | | | | | |
| SICK PAY | .00 | 149.85 | | | | | | | | |

CURRENT 401(K) EMPLOYER CONTRIBUTION = \$11.72 (03 %)

2007 SUCCESS SHARING

| | TOTAL EARNINGS | PRE - TAX DEDUCTIONS * | TAXES | OTHER DEDUCTIONS | NET PAY | NON-TAXABLE EARNINGS # |
|--------------|----------------|------------------------|--------|------------------|---------|------------------------|
| CURRENT | 390.51 | 11.72 | 135.92 | .00 | 242.87 | .00 |
| YEAR TO DATE | 6922.42 | 428.51 | 713.08 | 716.70 | 5064.13 | 840.29 |



DATE
 3/19/2008
 2700 LONE OAK PARKWAY
 EAGAN, MN 55121-1534

ADVICE NO
 7932564

| | | |
|---------|-------------|----------------|
| BANKONE | ACH DEPOSIT | PAYROLL ADVICE |
| | | 242.87 |

NW 21 0001 5850 267385 X9998
 MALIKAH L KILLION
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| | | | | | | | |
|-----|----|------|-------|----|------|-------------|-----------|
| FED | EX | ADDL | STATE | EX | ADDL | PERIOD END: | 3/15/2008 |
| S | 9 | 0 | S | 9 | 0 | CHECK DATE: | 3/27/2008 |

STATEMENT OF EARNINGS AND DEDUCTIONS

| EARNINGS | RATE | HOURS CURRENT | YTD | TAXES/DEDUCTIONS CURRENT | YTD | CURR | YTD | TAXABLE EARNINGS |
|------------------|--------|---------------|----------------|--------------------------|---------|--------|---------|------------------|
| REGULAR EARNING | 661.12 | 2890.03 | FEDERAL TAX | 0 | 179.80 | 592.08 | 6245.70 | |
| RESV GUARANTEE | .00 | 1358.54 | SOCIAL SEC TAX | 37.94 | 399.78 | 611.91 | 6447.99 | |
| BID TRIP GUAR | .00 | 72.37 | MEDICARE TAX | 8.88 | 93.50 | 611.91 | 6447.99 | |
| LEAD F/A | .00 | 38.14 | ILLINOIS | 0 | 86.82 | 592.08 | 6245.70 | |
| HOLIDAY PAY | .00 | 500.00 | TAX LEVY | 62.50 | 375.00 | | | |
| GROUND TIME | .00 | 17.50 | RETIREE SAV * | 19.83 | 202.29 | | | |
| DUTY PERIOD | .00 | 219.12 | MLDICAL* | 45.33 | 271.98 | | | |
| DEAD HEAD | .00 | 69.01 | DENTAL* | 3.88 | 23.28 | | | |
| STANDBY PAY | .00 | 17.45 | C PASS S/C | .00 | 162.10 | | | |
| PR DIEM NOTX # | .00 | 840.29 | AD&D | .00 | 0.60 | | | |
| HOLIDAY RECOGN | .00 | 700.00 | TERM I OPT | .00 | 3.00 | | | |
| SURPLUS SEV | .00 | 160.87 | UNION DUES | .00 | 117.00 | | | |
| TRAINING | .00 | 159.86 | SIK/OJI DEDUCT | .00 | 121.50 | | | |
| PERFORM INCENT | .00 | 54.08 | ACH DEPOSIT | 482.76 | 5546.89 | | | |
| PROFIT SHARE | .00 | 336.43 | | | | | | |
| ---TRUST PAY --- | | | | | | | | |
| SICK PAY | .00 | 149.85 | | | | | | |

CURRENT 401(K) EMPLOYER CONTRIBUTION = \$19.83 (03 %)

| | TOTAL EARNINGS | PRE - TAX DEDUCTIONS * | TAXES | OTHER DEDUCTIONS | NET PAY | NON-TAXABLE EARNINGS # |
|--------------|----------------|------------------------|--------|------------------|---------|------------------------|
| CURRENT | 661.12 | 69.04 | 46.82 | 62.50 | 482.76 | .00 |
| YEAR TO DATE | 7583.54 | 497.55 | 759.90 | 779.20 | 5546.89 | 840.29 |



DATE
 3/27/2008
 2700 LONE OAK PARKWAY
 EAGAN, MN 55121-1534

ADVICE NO
 7963287

BANKONE ACH DEPOSIT PAYROLL ADVICE
 482.76

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CHECK# 7989765

| | | | | | | | |
|-----|----|------|-------|----|------|-------------|-----------|
| FED | EX | ADDL | STATE | EX | ADDL | PERIOD END: | 3/30/2008 |
| S | 9 | 0 | S | 9 | 0 | CHECK DATE: | 4/11/2008 |

STATEMENT OF EARNINGS AND DEDUCTIONS

| EARNINGS | RATE | HOURS | CURRENT | YTD | TAXES/DEDUCTIONS | CURRENT | YTD | CURR | YTD | TAXABLE EARNINGS |
|------------------------|--------|--------|----------------|----------------|------------------|---------|---------|--------|---------|------------------|
| REGULAR EARNING | 55.28 | 313.52 | 3203.55 | FEDERAL TAX | | 1.86 | 181.66 | 656.39 | 6902.09 | |
| RESV GUARANTEE | 2.48 | 43.78 | 1402.32 | SOCIAL SEC TAX | | 42.04 | 441.82 | 678.21 | 7126.20 | |
| BID TRIP GUAR | 0.98 | 17.34 | 89.71 | MEDICARE TAX | | 9.83 | 103.33 | 678.21 | 7126.20 | |
| LEAD F/A | 25.98 | 43.91 | 82.05 | ILLINOIS | | 0.22 | 87.04 | 656.39 | 6902.09 | |
| FA COMMISSION | 8.28 | 8.28 | TAX LEVY | | | 62.50 | 437.50 | | | |
| HOLIDAY PAY | .00 | 500.00 | RETIREE SAV * | | | 21.82 | 224.11 | | | |
| GROUND TIME | .00 | 17.50 | MEDICAL* | | | 45.33 | 317.31 | | | |
| DUTY PERIOD | .00 | 219.12 | DENTAL* | | | 3.88 | 27.16 | | | |
| DEAD HEAD | .00 | 69.01 | C PASS S/C | | | 229.82 | 391.92 | | | |
| STANDBY PAY | .00 | 17.45 | AD&D | | | .20 | 0.80 | | | |
| PR DIEM NOTX # | 119.93 | 197.89 | 1038.18 | TERM I OPT | | 1.00 | 4.00 | | | |
| HOLIDAY RECOGN | .00 | 700.00 | UNION DUES | | | 39.00 | 156.00 | | | |
| SURPLUS SEV | .00 | 160.87 | SIK/OJI DEDUCT | | | 151.97 | 273.47 | | | |
| TRAINING | .00 | 159.86 | ACH DEPOSIT | | | 315.84 | 5862.73 | | | |
| PERFORM INCENT | .00 | 54.08 | | | | | | | | |
| PROFIT SHARE | .00 | 336.43 | | | | | | | | |
| ---TRUST PAY--- | | | | | | | | | | |
| SICK PAY | 17.05 | 300.59 | 450.44 | | | | | | | |

CURRENT 401(K) EMPLOYER CONTRIBUTION = \$21.82 (03 %)

| | TOTAL EARNINGS | PRE - TAX DEDUCTIONS * | TAXES | OTHER DEDUCTIONS | NET PAY | NON-TAXABLE EARNINGS # |
|---------------------|----------------|------------------------|--------|------------------|---------|------------------------|
| CURRENT | 925.31 | 71.03 | 53.95 | 484.49 | 315.84 | 197.89 |
| YEAR TO DATE | 8508.85 | 568.58 | 813.85 | 1263.69 | 5862.73 | 1038.18 |



DATE
 4/11/2008
 2700 LONE OAK PARKWAY
 EAGAN, MN 55121-1534

ADVICE NO
 7989765

| | | |
|---------|-------------|----------------|
| BANKONE | ACH DEPOSIT | PAYROLL ADVICE |
| | | 315.84 |

NW 21 0001 5850 267385 DTW
 MALIKAH L KILLION
 6751 S MARSHFIELD
 CHICAGO IL 60636

NORTHWEST AIRLINES
 NOTICE OF DEPOSIT TO ACCOUNT
 NON-NEGOTIABLE

Northwest Airlines Trust Account

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CHECK#

PERIOD END:
CHECK DATE:

PAY STATEMENT

| PAY TYPE | CURRENT YEAR TO DATE | INFORMATION |
|--------------|----------------------|---|
| SICK/OJI PAY | 151.97 | 273.47 This check or deposit is payment of your net Sick/OJI pay for the pay period listed above. This net amount is a percentage of your total net earnings. The percentage is calculated by dividing your total Sick/OJI pay by your total gross earnings. Please refer to your regular Statement of Earnings to see your detailed gross to net calculation and your itemized earnings, taxes and deductions for this pay period. |
| TOTALS | 151.97 | 273.47 |



2700 LONE OAK PARKWAY
EAGAN, MN 55121-1534

DATE
4/11/2008

ADVICE NO
197190

BANKONE ACH DEPOSIT PAYROLL ADVICE
151.97

NW 21 0001 5850 267385 DTW
MALIKAH L KILLION
6751 S MARSHFIELD
CHICAGO IL 60636

NORTHWEST AIRLINES
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ACCOUNT
NON-NEGOTIABLE

Northwest Airlines

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MALIKAH L KILLION
 NW 21 267385
 CHECK# 8015793

| FED | EX | ADDL | STATE | EX | ADDL | PERIOD END: CHECK DATE: | 4/15/2008 4/25/2008 |
|-----|----|------|-------|----|------|----------------------------|------------------------|
| S | 9 | 0 | S | 9 | 0 | | |

STATEMENT OF EARNINGS AND DEDUCTIONS

| EARNINGS | RATE | HOURS CURRENT | YTD | TAXES/DEDUCTIONS CURRENT | YTD | CURR | YTD |
|-------------------------|--------|---------------|----------------|--------------------------|---------|--------|---------|
| REGULAR EARNING | 661.12 | 3864.67 | FEDERAL TAX | 0 | 181.66 | 592.08 | 7494.17 |
| RESV GUARANTEE | .00 | 1402.32 | SOCIAL SEC TAX | 37.94 | 479.76 | 611.91 | 7738.11 |
| BID TRIP GUAR | .00 | 89.71 | MEDICARE TAX | 8.87 | 112.20 | 611.91 | 7738.11 |
| LEAD F/A | .00 | 82.05 | ILLINOIS | 0 | 87.04 | 592.08 | 7494.17 |
| FA COMMISSION | .00 | 8.28 | TAX LEVY | 62.50 | 500.00 | | |
| HOLIDAY PAY | .00 | 500.00 | RETIREE SAV * | 19.83 | 243.94 | | |
| GROUND TIME | .00 | 17.50 | MEDICAL* | 45.33 | 362.64 | | |
| DUTY PERIOD | .00 | 219.12 | DENTAL * | 3.88 | 31.04 | | |
| DEAD HEAD | .00 | 69.01 | C PASS S/C | .00 | 391.92 | | |
| STANDBY PAY | .00 | 17.45 | AD&D | .00 | 0.80 | | |
| PP DIEM NOTX # | .00 | 1038.18 | TERM I OPT | .00 | 4.00 | | |
| HOLIDAY RECOGN | .00 | 700.00 | UNION DUES | .00 | 156.00 | | |
| SURPLUS SEV | .00 | 160.87 | SIK/OJI DEDUCT | .00 | 273.47 | | |
| TRAINING | .00 | 159.86 | ACH DEPOSIT | 482.77 | 6345.50 | | |
| PERFORM INCENT | .00 | 54.08 | | | | | |
| PROFIT SHARE | .00 | 336.43 | | | | | |
| ---TRUST PAY --- | | | | | | | |
| SICK PAY | .00 | 450.44 | | | | | |

CURRENT 401(K) EMPLOYER CONTRIBUTION = \$19.83 (03 %)

| | TOTAL EARNINGS | PRE - TAX DEDUCTIONS * | TAXES | OTHER DEDUCTIONS | NET PAY | NON-TAXABLE EARNINGS # |
|---------------------|----------------|------------------------|--------|------------------|---------|------------------------|
| CURRENT | 661.12 | 69.04 | 46.81 | 62.50 | 482.77 | .00 |
| YEAR TO DATE | 9169.97 | 637.62 | 860.66 | 1326.19 | 6345.50 | 1038.18 |



DATE
 4/25/2008
 2700 LONE OAK PARKWAY
 EAGAN, MN 55121-1534

ADVICE NO
 8015793

BANKONE

ACH DEPOSIT

PAYROLL ADVICE
 482.77

NW 21 0001 5850 267385 DTW
 MALIKAH L KILLION
 6751 S MARSHFIELD
 CHICAGO IL 60636

NORTHWEST AIRLINES
 NOTICE OF DEPOSIT TO ACCOUNT
 NON-NEGOTIABLE

Northwest Airlines

MALIKAH L KILLION
 NW 21 267385
 CHECK# 8046985

FED EX ADDL STATE EX ADDL PERIOD END:
 S 9 0 S 9 0 CHECK DATE: 4/30/2008
 CLOSE WINDOW PRINT A COPY

STATEMENT OF EARNINGS AND DEDUCTIONS

| EARNS | RATE | HOURS | CURRENT | YTD | TAXES/DEDUCTIONS | CURRENT | YTD | TAXABLE EARNINGS | |
|------------------------|--------|--------|--------------------|----------------|------------------|---------|--------|------------------|-----|
| | | | | | | | | CURR | YTD |
| REGULAR EARNING | 44.51 | 123.71 | 3988.38 | FEDERAL TAX | 0.05 | 181.71 | 546.16 | 8040.33 | |
| RESV GUARANTEE | 4.56 | 80.52 | 1482.84 | SOCIAL SEC TAX | 35.01 | 514.77 | 564.57 | 8302.68 | |
| BID TRIP GUAR | 1.40 | 24.68 | 114.39 | MEDICARE TAX | 8.19 | 120.39 | 564.57 | 8302.68 | |
| LEAD F/A | .00 | 82.05 | ILLINOIS | | 0 | 87.04 | 546.16 | 8040.33 | |
| FA COMMISSION | .24 | 8.52 | TAX LEVY | | 62.50 | 562.50 | | | |
| HOLIDAY PAY | .00 | 500.00 | RETIREE SAV * | | 18.41 | 262.35 | | | |
| VACATION PAY | 9.00 | 158.67 | 158.67 MEDICAL* | | 45.33 | 407.97 | | | |
| GROUND TIME | .00 | 17.50 | DENTAL* | | 3.88 | 34.92 | | | |
| DUTY PERIOD | 9.81 | 173.07 | 392.19 C PASS S/C | | 181.12 | 573.04 | | | |
| DEAD HEAD | .00 | 69.01 | AD&D | | .20 | 1.00 | | | |
| STANDBY PAY | .00 | 17.45 | TERM I OPT | | 1.00 | 5.00 | | | |
| PR DIEM NOTX # | 115.80 | 191.07 | 1229.25 UNION DUES | | 39.00 | 195.00 | | | |
| HOLIDAY RECOGN | .00 | 700.00 | SIK/OJI DEDUCT | | 26.95 | 300.42 | | | |
| SURPLUS SEV | .00 | 160.87 | ACH DEPOSIT | | 383.21 | 6728.71 | | | |
| TRAINING | .00 | 159.86 | | | | | | | |
| PERFORM INCENT | .00 | 54.08 | | | | | | | |
| PROFIT SHARE | .00 | 336.43 | | | | | | | |
| ---TRUST PAY--- | | | | | | | | | |
| SICK PAY | 3.00 | 52.89 | 503.33 | | | | | | |

CURRENT 401(K) EMPLOYER CONTRIBUTION = \$18.41 (03 %)

| | TOTAL EARNINGS | PRE - TAX DEDUCTIONS * | TAXES | OTHER DEDUCTIONS | NET PAY | NON-TAXABLE EARNINGS # |
|---------------------|----------------|------------------------|--------|------------------|---------|------------------------|
| CURRENT | 804.85 | 67.62 | 43.25 | 310.77 | 383.21 | 191.07 |
| YEAR TO DATE | 9974.82 | 705.24 | 903.91 | 1636.96 | 6728.71 | 1229.25 |



2700 LONE OAK PARKWAY
 EAGAN, MN 55121-1534

DATE
 5/13/2008
 ADVICE NO
 8046985

BANKONE

ACH DEPOSIT

PAYROLL ADVICE
 383.21

NW 21 0001 5850 267385 DTW
 MALIKAH L KILLION
 6751 S MARSHFIELD
 CHICAGO IL 60636

NORTHWEST AIRLINES
 NOTICE OF DEPOSIT TO ACCOUNT
 NON-NEGOTIABLE

**Northwest Airlines
Trust Account**

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Page 1 of 1

PERIOD END:
CHECK DATE:

CHECK#

PAY TYPE CURRENT YEAR TO DATE INFORMATION

| | | |
|--------------|-------|---|
| SICK/OJI PAY | 26.95 | 300.42 This check or deposit is payment of your net Sick/OJI pay for the pay period listed above. This net amount is a percentage of your total net earnings. The percentage is calculated by dividing your total Sick/OJI pay by your total gross earnings. Please refer to your regular Statement of Earnings to see your detailed gross to net calculation and your itemized earnings, taxes and deductions for this pay period. |
| TOTALS | 26.95 | 300.42 |

DATE
5/13/2008

ADVICE NO
203093

2700 LONE OAK PARKWAY
EAGAN, MN 55121-1534

BANKONE

ACH DEPOSIT

PAYROLL ADVICE
26.95

NW 21 0001 5850 267385 DTW
MALIKAH L KILLION
6751 S MARSHFIELD
CHICAGO IL 60636

NORTHWEST AIRLINES
NOTICE OF DEPOSIT TO
ACCOUNT
NON-NEGOTIABLE



Northwest Airlines

MALIKAH L KILLION
 NW 21 267385
 CHECK# 8099818

| FED S | EX 9 | ADDL 0 | STATE S | EX 9 | ADDL 0 | PERIOD END: 5/31/2008 |
|-----------------------|------|--------|---------|------|--------|-----------------------|
| CHECK DATE: 6/13/2008 | | | | | | |

STATEMENT OF EARNINGS AND DEDUCTIONS

TAXABLE EARNINGS

| EARNINGS | RATE | HOURS | CURRENT | YTD | TAXES/DEDUCTIONS | CURRENT | YTD | CURR | YTD |
|-------------------------|-------|--------|---------|---------|-----------------------------|---------|---------|--------|---------|
| REGULAR EARNING | | .00 | 3988.38 | 1617.42 | FEDERAL TAX | 9.58 | 191.29 | 106.04 | 8146.37 |
| RESV GUARANTEE | 7.63 | 134.58 | 114.39 | 114.39 | SOCIAL SEC TAX MEDICARE TAX | 6.96 | 521.73 | 112.36 | 8415.04 |
| BID TRIP GUAR | | .00 | | | | 1.63 | 122.02 | 112.36 | 8415.04 |
| LEAD F/A | | .00 | 82.05 | 82.05 | ILLINOIS | 1.15 | 88.19 | 106.04 | 8146.37 |
| FA COMMISSION | | .00 | 8.52 | 8.52 | TAX LEVY | 62.50 | 625.00 | | |
| HOLIDAY PAY | | .00 | 500.00 | 500.00 | RETIREE SAV * | 6.32 | 268.67 | | |
| VACATION PAY | | .00 | 158.67 | 158.67 | MEDICAL* | 90.66 | 498.63 | | |
| GROUND TIME | | .00 | 17.50 | 17.50 | DENTAL* | 7.76 | 42.68 | | |
| DUTY PERIOD | | .00 | 392.19 | 392.19 | C PASS S/C | .00 | 573.04 | | |
| DEAD HEAD | | .00 | 69.01 | 69.01 | LTD INS | 9.26 | 9.26 | | |
| STANDBY PAY | | .00 | 17.45 | 17.45 | AD&D | .20 | 1.20 | | |
| PR DIEM NOTX # | | .00 | 1229.25 | 1229.25 | TERM I OPT | 1.00 | 6.00 | | |
| HOLIDAY RECOGN | | .00 | 700.00 | 700.00 | UNION DUES | .00 | 195.00 | | |
| SURPLUS SEV | | .00 | 160.87 | 160.87 | SIK/OJI DEDUCT | .00 | 300.42 | | |
| TRAINING | | .00 | 159.86 | 159.86 | ACH DEPOSIT | 13.76 | 6742.47 | | |
| PERFORM INCENT | 76.20 | 130.28 | | | | | | | |
| PROFIT SHARE | | .00 | 336.43 | 336.43 | | | | | |
| ---TRUST PAY --- | | | | | | | | | |
| SICK PAY | | .00 | 503.33 | 503.33 | | | | | |

CURRENT 401(K) EMPLOYER CONTRIBUTION = \$6.32 (03 %)

1ST QTR 2008 PERFORMANCE INCENTIVE PAYMENT INCLUDED IN CHECK

| TOTAL EARNINGS | PRE - TAX DEDUCTIONS * | TAXES | OTHER DEDUCTIONS | NET PAY | NON-TAXABLE EARNINGS # |
|-----------------------|------------------------|--------|------------------|---------|------------------------|
| CURRENT 210.78 | 104.74 | 19.32 | 72.96 | 13.76 | .00 |
| YEAR TO DATE 10185.60 | 809.98 | 923.23 | 1709.92 | 6742.47 | 1229.25 |



DATE
 2700 LONE OAK PARKWAY
 EAGAN, MN 55121-1534

ADVICE NO
 8099818

BANKONE

ACH DEPOSIT

PAYROLL ADVICE
 13.76

NW 21 0001 5850 267385 DTW
 MALIKAH L KILLION
 6751 S MARSHFIELD
 CHICAGO IL 60636

NORTHWEST AIRLINES
 NOTICE OF DEPOSIT TO ACCOUNT
 NON-NEGOTIABLE

Northwest Airlines

MALIKAH L KILLION
 NW 21 267385
 CHECK# 8125923

| FED S | EX 9 | ADDL 0 | STATE S | EX 9 | ADDL 0 | PERIOD END: CHECK DATE: | 6/15/2008 6/27/2008 |
|-------|------|--------|---------|------|--------|----------------------------|------------------------|
|-------|------|--------|---------|------|--------|----------------------------|------------------------|

STATEMENT OF EARNINGS AND DEDUCTIONS

| EARNS | RATE | HOURS | CURRENT | YTD | TAXES/DEDUCTIONS | CURRENT | YTD | CURR | YTD |
|------------------|------|---------|----------------|--------|------------------|---------|---------|--------|---------|
| REGULAR EARNING | | 661.12 | 4649.50 | | FEDERAL TAX | 0 | 191.29 | 592.08 | 8738.45 |
| RESV GUARANTEE | .00 | 1617.42 | SOCIAL SEC TAX | 37.94 | 559.67 | 611.91 | 9026.95 | | |
| BID TRIP GUAR | .00 | 114.39 | MEDICARE TAX | 8.87 | 130.89 | 611.91 | 9026.95 | | |
| LEAD F/A | .00 | 82.05 | ILLINOIS | 0 | 88.19 | 592.08 | 8738.45 | | |
| FA COMMISSION | .00 | 8.52 | TAX LEVY | 62.50 | 687.50 | | | | |
| HOLIDAY PAY | .00 | 500.00 | RETIREE SAV * | 19.83 | 288.50 | | | | |
| VACATION PAY | .00 | 158.67 | MEDICAL* | 45.33 | 543.96 | | | | |
| GROUND TIME | .00 | 17.50 | DENTAL* | 3.88 | 46.56 | | | | |
| DUTY PERIOD | .00 | 392.19 | C PASS S/C | 0 | 573.04 | | | | |
| DEAD HEAD | .00 | 69.01 | LTD INS | 0 | 9.26 | | | | |
| STANDBY PAY | .00 | 17.45 | AD&D | 0 | 1.20 | | | | |
| PR DIEM NOTX # | .00 | 1229.25 | TERM I OPT | 0 | 6.00 | | | | |
| HOLIDAY RECOGN | .00 | 700.00 | UNION DUES | 0 | 195.00 | | | | |
| SURPLUS SEV | .00 | 160.87 | SIK/OJI DEDUCT | 0 | 300.42 | | | | |
| TRAINING | .00 | 159.86 | ACH DEPOSIT | 482.77 | 7225.24 | | | | |
| PERFORM INCENT | .00 | 130.28 | | | | | | | |
| PROFIT SHARE | .00 | 336.43 | | | | | | | |
| ---TRUST PAY --- | | | | | | | | | |
| SICK PAY | .00 | 503.33 | | | | | | | |

CURRENT 401(K) EMPLOYER CONTRIBUTION = \$19.83 (03 %)

| | TOTAL EARNINGS | PRE - TAX DEDUCTIONS * | TAXES | OTHER DEDUCTIONS | NET PAY | NON-TAXABLE EARNINGS # |
|--------------|----------------|------------------------|--------|------------------|---------|------------------------|
| CURRENT | 661.12 | 69.04 | 46.81 | 62.50 | 482.77 | .00 |
| YEAR TO DATE | 10846.72 | 879.02 | 970.04 | 1772.42 | 7225.24 | 1229.25 |



2700 LONE OAK PARKWAY
 EAGAN, MN 55121-1534

DATE
 6/27/2008
 ADVICE NO
 8125923

BANKONE

ACH DEPOSIT

PAYROLL ADVICE
 482.77

NW 21 0001 5850 267385 DTW
 MALIKAH L KILLION
 6751 S MARSHFIELD
 CHICAGO IL 60636

NORTHWEST AIRLINES
 NOTICE OF DEPOSIT TO ACCOUNT
 NON-NEGOTIABLE

Northwest Airlines

MALIKAH L KILLION
 NW 21 267385
 CHECK# 8152033

FED EX ADDL STATE EX ADDL PERIOD END: 6/30/2008
 S 9 0 S 9 0 CHECK DATE: 7/11/2008

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STATEMENT OF EARNINGS AND DEDUCTIONS

| EARNINGS | RATE | HOURS | CURRENT | YTD | TAXES/DEDUCTIONS | CURRENT | YTD | CURR | YTD |
|-------------------------|--------|--------|----------------|----------------|------------------|---------|--------|---------|-----|
| REGULAR EARNING | 56.79 | 340.26 | 4989.76 | FEDERAL TAX | 0 | 191.29 | 538.20 | 9276.65 | |
| RESV GUARANTEE | 3.03 | 53.48 | 1670.90 | SOCIAL SEC TAX | 34.50 | 594.17 | 556.37 | 9583.32 | |
| BID TRIP GUAR | 1.38 | 24.39 | 138.78 | MEDICARE TAX | 8.07 | 138.96 | 556.37 | 9583.32 | |
| LEAD F/A | 9.91 | 16.75 | 98.80 | ILLINOIS | 0 | 88.19 | 538.20 | 9276.65 | |
| FA COMMISSION | .00 | 8.52 | TAX LEVY | | 62.50 | 750.00 | | | |
| HOLIDAY PAY | .00 | 500.00 | RETIREE SAV * | | 18.17 | 306.67 | | | |
| VACATION PAY | .00 | 158.67 | MEDICAL* | | 45.33 | 589.29 | | | |
| GROUND TIME | .00 | 30.25 | 47.75 | DENTAL* | 3.88 | 50.44 | | | |
| DUTY PERIOD | 7.96 | 140.45 | 532.64 | C PASS S/C | .00 | 573.04 | | | |
| DEAD HEAD | .00 | 69.01 | LTD INS | | 9.26 | 18.52 | | | |
| STANDBY PAY | .00 | 17.45 | AD&D | | .20 | 1.40 | | | |
| PR DIEM NOTX # | 156.63 | 258.45 | 1487.70 | TERM I OPT | 1.00 | 7.00 | | | |
| HOLIDAY RECOGN | .00 | 700.00 | UNION DUES | | 43.00 | 238.00 | | | |
| SURPLUS SEV | .00 | 160.87 | SIK/OJI DEDUCT | | .00 | 300.42 | | | |
| TRAINING | .00 | 159.86 | ACH DEPOSIT | | 638.12 | 7863.36 | | | |
| PERFORM INCENT | .00 | 130.28 | | | | | | | |
| PROFIT SHARE | .00 | 336.43 | | | | | | | |
| ---TRUST PAY --- | | | | | | | | | |
| SICK PAY | .00 | 503.33 | | | | | | | |

CURRENT 401(K) EMPLOYER CONTRIBUTION = \$18.17 (03 %)

| | TOTAL EARNINGS | PRE - TAX DEDUCTIONS * | TAXES | OTHER DEDUCTIONS | NET PAY | NON-TAXABLE EARNINGS # |
|---------------------|----------------|------------------------|---------|------------------|---------|------------------------|
| CURRENT | 864.03 | 67.38 | 42.57 | 115.96 | 638.12 | 258.45 |
| YEAR TO DATE | 11710.75 | 946.40 | 1012.61 | 1888.38 | 7863.36 | 1487.70 |



2700 LONE OAK PARKWAY
 EGAN, MN 55121-1534

DATE 7/11/2008
 ADVICE NO
 8152033

BANKONE

ACH DEPOSIT

PAYROLL ADVICE
 638.12

NW 21 0001 5850 267385 DTW
 MALIKAH L KILLION
 6751 S MARSHFIELD
 CHICAGO IL 60636

NORTHWEST AIRLINES
 NOTICE OF DEPOSIT TO ACCOUNT
 NON-NEGOTIABLE

Northwest Airlines

MALIKAH L KILLION
NW 21 267385
CHECK# 8178039

FED EX ADDL STATE EX ADDL
S 9 0 S 9 0

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PERIOD END:
7/15/2008
CHECK DATE:
7/25/2008

STATEMENT OF EARNINGS AND DEDUCTIONS

| EARNS | RATE | HOURS | CURRENT | YTD | TAXES/DEDUCTIONS | CURRENT | YTD | CURR | YTD |
|-------------------------|--------|---------|----------------|-----|------------------|---------|--------|----------|-----|
| REGULAR EARNING | 712.50 | 5702.26 | FEDERAL TAX | | 0 | 191.29 | 641.91 | 9918.56 | |
| RESV GUARANTEE | .00 | 1670.90 | SOCIAL SEC TAX | | 41.12 | 635.29 | 663.29 | 10246.61 | |
| BID TRIP GUAR | .00 | 138.78 | MEDICARE TAX | | 9.62 | 148.58 | 663.29 | 10246.61 | |
| LEAD F/A | .00 | 98.80 | ILLINOIS | | 0 | 88.19 | 641.91 | 9918.56 | |
| FA COMMISSION | .00 | 8.52 | TAX LEVY | | 62.50 | 812.50 | | | |
| HOLIDAY PAY | .00 | 500.00 | RETIREE SAV * | | 21.38 | 328.05 | | | |
| VACATION PAY | .00 | 158.67 | MEDICAL* | | 45.33 | 634.62 | | | |
| GROUND TIME | .00 | 47.75 | DENTAL* | | 3.88 | 54.32 | | | |
| DUTY PERIOD | .00 | 532.64 | C PASS S/C | | .00 | 573.04 | | | |
| DEAD HEAD | .00 | 69.01 | LTD INS | | .00 | 18.52 | | | |
| STANDBY PAY | .00 | 17.45 | AD&D | | .00 | 1.40 | | | |
| PR DIEM NOTX # | .00 | 1487.70 | TERM I OPT | | .00 | 7.00 | | | |
| HOLIDAY RECOGN | .00 | 700.00 | UNION DUES | | .00 | 238.00 | | | |
| SURPLUS SEV | .00 | 160.87 | SIK/OJI DEDUCT | | .00 | 300.42 | | | |
| TRAINING | .00 | 159.86 | ACH DEPOSIT | | 528.67 | 8392.03 | | | |
| PERFORM INCENT | .00 | 130.28 | | | | | | | |
| PROFIT SHARE | .00 | 336.43 | | | | | | | |
| ---TRUST PAY --- | | | | | | | | | |
| SICK PAY | .00 | 503.33 | | | | | | | |

CURRENT 401(K) EMPLOYER CONTRIBUTION = \$21.38 (03 %)

| | TOTAL EARNINGS | PRE - TAX DEDUCTIONS * | TAXES | OTHER DEDUCTIONS | NET PAY | NON-TAXABLE EARNINGS # |
|---------------------|----------------|------------------------|---------|------------------|---------|------------------------|
| CURRENT | 712.50 | 70.59 | 50.74 | 62.50 | 528.67 | .00 |
| YEAR TO DATE | 12423.25 | 1016.99 | 1063.35 | 1950.88 | 8392.03 | 1487.70 |



DATE
2700 LONE OAK PARKWAY
EAGAN, MN 55121-1534

ADVICE NO
8178039

BANKONE

ACH DEPOSIT

PAYROLL ADVICE
528.67

NW 21 0001 5850 267385 DTW
MALIKAH L KILLION
6751 S MARSHFIELD
CHICAGO IL 60636

NORTHWEST AIRLINES
NOTICE OF DEPOSIT TO ACCOUNT
NON-NEGOTIABLE

Northwest Airlines

MALIKAH L KILLION
 NW 21 267385
 CHECK# 8209329

FED EX ADDL STATE EX ADDL
 S 9 0 S 9 0

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Page 1 of 1

PERIOD END:
 CHECK DATE:
 7/30/2008
 8/13/2008

STATEMENT OF EARNINGS AND DEDUCTIONS

| EARNINGS | RATE | HOURS | CURRENT | YTD | TAXES/DEDUCTIONS | CURRENT | YTD | CURR | YTD |
|------------------|--------|--------|----------------|----------------|------------------|---------|---------|--------|----------|
| REGULAR EARNING | 52.11 | 277.72 | 5979.98 | FEDERAL TAX | | 0 | 191.29 | 734.06 | 10652.62 |
| RESV GUARANTEE | 21.35 | 405.65 | 2076.55 | SOCIAL SEC TAX | | 47.01 | 682.30 | 758.29 | 11004.90 |
| BID TRIP GUAR | 2.00 | 38.00 | 176.78 | MEDICARE TAX | | 10.99 | 159.57 | 758.29 | 11004.90 |
| LEAD F/A | .00 | 98.80 | ILLINOIS | | | 0 | 88.19 | 734.06 | 10652.62 |
| FA COMMISSION | .00 | 8.52 | TAX LEVY | | | 62.50 | 875.00 | | |
| HOLIDAY PAY | .00 | 500.00 | UNIFORMS | | | 25.00 | 25.00 | | |
| VACATION PAY | .00 | 158.67 | RETIREE SAV * | | | 24.23 | 352.28 | | |
| GROUND TIME | .00 | 47.75 | MEDICAL* | | | 45.33 | 679.95 | | |
| DUTY PERIOD | 4.53 | 86.13 | 618.77 | DENTAL* | | 3.88 | 58.20 | | |
| DEAD HEAD | .00 | 69.01 | C PASS S/C | | | .00 | 573.04 | | |
| STANDBY PAY | .00 | 17.45 | LTD INS | | | 9.98 | 28.50 | | |
| PR DIEM NOTX # | 124.38 | 205.23 | 1692.93 | AD&D | | .20 | 1.60 | | |
| HOLIDAY RECOGN | .00 | 700.00 | TERM I OPT | | | 1.00 | 8.00 | | |
| SURPLUS SEV | .00 | 160.87 | UNION DUES | | | 43.00 | 281.00 | | |
| TRAINING | .00 | 159.86 | SIK/OJI DEDUCT | | | .00 | 300.42 | | |
| PERFORM INCENT | .00 | 130.28 | ACH DEPOSIT | | | 739.61 | 9131.64 | | |
| PROFIT SHARE | .00 | 336.43 | | | | | | | |
| ---TRUST PAY --- | | | | | | | | | |
| SICK PAY | .00 | 503.33 | | | | | | | |

CURRENT 401(K) EMPLOYER CONTRIBUTION = \$24.23 (03 %)

| TOTAL EARNINGS | PRE - TAX DEDUCTIONS * | TAXES | OTHER DEDUCTIONS | NET PAY | NON-TAXABLE EARNINGS # |
|-----------------------|------------------------|---------|------------------|---------|------------------------|
| CURRENT 1012.73 | 73.44 | 58.00 | 141.68 | 739.61 | 205.23 |
| YEAR TO DATE 13435.98 | 1090.43 | 1121.35 | 2092.56 | 9131.64 | 1692.93 |



DATE
 2700 LONE OAK PARKWAY
 EAGAN, MN 55121-1534

ADVICE NO
 8209329

BANKONE

ACH DEPOSIT

PAYROLL ADVICE
 739.61

NW 21 0001 5850 267385 DTW
 MALIKAH L KILLION
 6751 S MARSHFIELD
 CHICAGO IL 60636

NORTHWEST AIRLINES
 NOTICE OF DEPOSIT TO ACCOUNT
 NON-NEGOTIABLE

Northwest Airlines

MALIKAH L KILLION
 NW 21 267385
 CHECK# 8235237

FED EX ADDL STATE EX ADDL PERIOD END: 8/15/2008
 S 9 0 S 9 0 CHECK DATE: 8/27/2008

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STATEMENT OF EARNINGS AND DEDUCTIONS

| EARNS | RATE | HOURS | CURRENT | YTD | TAXES/DEDUCTIONS | CURRENT | YTD | CURR | TAXABLE EARNINGS |
|-------------------------|------|---------|----------------|---------|------------------|---------|----------|--------|------------------|
| REGULAR EARNING | | | 609.58 | 6589.56 | FEDERAL TAX | 0 | 191.29 | 542.08 | 11194.70 |
| RESV GUARANTEE | .00 | 2076.55 | SOCIAL SEC TAX | 34.75 | 717.05 | 560.37 | 11565.27 | | |
| BID TRIP GUAR | .00 | 176.78 | MEDICARE TAX | 8.13 | 167.70 | 560.37 | 11565.27 | | |
| LEAD F/A | .00 | 98.80 | ILLINOIS | 0 | 88.19 | 542.08 | 11194.70 | | |
| FA COMMISSION | .00 | 8.52 | TAX LEVY | 62.50 | 937.50 | | | | |
| HOLIDAY PAY | .00 | 500.00 | UNIFORMS | 25.00 | 50.00 | | | | |
| VACATION PAY | .00 | 158.67 | RETIREE SAV * | 18.29 | 370.57 | | | | |
| GROUND TIME | .00 | 47.75 | MEDICAL* | 45.33 | 725.28 | | | | |
| DUTY PERIOD | .00 | 618.77 | DENTAL* | 3.88 | 62.08 | | | | |
| DEAD HEAD | .00 | 69.01 | C PASS S/C | .00 | 573.04 | | | | |
| STANDBY PAY | .00 | 17.45 | LTD INS | .00 | 28.50 | | | | |
| PR DIEM NOTX # | .00 | 1692.93 | AD&D | .00 | 1.60 | | | | |
| HOLIDAY RECOGN | .00 | 700.00 | TERM I OPT | .00 | 8.00 | | | | |
| SURPLUS SEV | .00 | 160.87 | UNION DUES | .00 | 281.00 | | | | |
| TRAINING | .00 | 159.86 | SIK/OJI DEDUCT | .00 | 300.42 | | | | |
| PERFORM INCENT | .00 | 130.28 | ACH DEPOSIT | 411.70 | 9543.34 | | | | |
| PROFIT SHARE | .00 | 336.43 | | | | | | | |
| ---TRUST PAY --- | | | | | | | | | |
| SICK PAY | .00 | 503.33 | | | | | | | |

CURRENT 401(K) EMPLOYER CONTRIBUTION = \$18.29 (03 %)

| | TOTAL EARNINGS | PRE - TAX DEDUCTIONS * | TAXES | OTHER DEDUCTIONS | NET PAY | NON-TAXABLE EARNINGS # |
|---------------------|-----------------|------------------------|----------------|------------------|----------------|------------------------|
| CURRENT | 609.58 | 67.50 | 42.88 | 87.50 | 411.70 | .00 |
| YEAR TO DATE | 14045.56 | 1157.93 | 1164.23 | 2180.06 | 9543.34 | 1692.93 |



DATE
 2700 LONE OAK PARKWAY
 EAGAN, MN 55121-1534

ADVICE NO
 8235237

BANKONE

ACH DEPOSIT

PAYROLL ADVICE
 411.70

NW 21 0001 5850 267385 DTW
 MALIKAH L KILLION
 6751 S MARSHFIELD
 CHICAGO IL 60636

NORTHWEST AIRLINES
 NOTICE OF DEPOSIT TO ACCOUNT
 NON-NEGOTIABLE

Northwest Airlines

MALIKAH L KILLION
 NW 21 267385
 CHECK# 8261101

FED EX ADDL STATE EX ADDL PERIOD END:
 S 9 0 S 9 0 CHECK DATE: 8/29/2008
 9/12/2008

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STATEMENT OF EARNINGS AND DEDUCTIONS

| EARNINGS | RATE | HOURS CURRENT | YTD | TAXES/DEDUCTIONS | CURRENT | YTD | CURR | TAXABLE EARNINGS YTD |
|-------------------------|-------|---------------|----------------|------------------|---------|---------|--------|----------------------|
| REGULAR EARNING | 22.38 | -184.30 | 6405.26 | FEDERAL TAX | 7.01 | 198.30 | 397.28 | 11591.98 |
| RESV GUARANTEE | 22.51 | 427.82 | 2504.37 | SOCIAL SEC TAX | 25.48 | 742.53 | 411.09 | 11976.36 |
| BID TRIP GUAR | 0.71 | 13.62 | 190.40 | MEDICARE TAX | 5.96 | 173.66 | 411.09 | 11976.36 |
| LEAD F/A | .00 | 98.80 | ILLINOIS | | 0.84 | 89.03 | 397.28 | 11591.98 |
| FA COMMISSION | .00 | 8.52 | TAX LEVY | | 62.50 | 1000.00 | | |
| HOLIDAY PAY | .00 | 500.00 | UNIFORMS | | 25.00 | 75.00 | | |
| VACATION PAY | .00 | 158.67 | RETIREE SAV * | | 13.81 | 384.38 | | |
| GROUND TIME | .00 | 47.75 | MEDICAL* | | 45.33 | 770.61 | | |
| DUTY PERIOD | 0.25 | 4.75 | 623.52 | DENTAL* | 3.88 | 65.96 | | |
| DEAD HEAD | .00 | 69.01 | C PASS S/C | | .00 | 573.04 | | |
| STANDBY PAY | .00 | 17.45 | LTD INS | | 9.98 | 38.48 | | |
| PR DIEM NOTX # | 25.18 | 41.55 | 1734.48 | AD&D | .20 | 1.80 | | |
| HOLIDAY RECOGN | .00 | 700.00 | TERM I OPT | | 1.00 | 9.00 | | |
| SURPLUS SEV | .00 | 160.87 | UNION DUES | | 43.00 | 324.00 | | |
| TRAINING | .00 | 159.86 | SIK/OJI DEDUCT | | 85.26 | 385.68 | | |
| PERFORM INCENT | .00 | 32.48 | 162.76 | ACH DEPOSIT | 172.60 | 9715.94 | | |
| PROFIT SHARE | .00 | 336.43 | | | | | | |
| ---TRUST PAY --- | | | | | | | | |
| SICK PAY | 8.73 | 165.93 | 669.26 | | | | | |

CURRENT 401(K) EMPLOYER CONTRIBUTION = \$13.81 (03 %)

2ND QTR 2008 PERFORMANCE INCENTIVE PAYMENT INCLUDED IN CHECK

| TOTAL EARNINGS | PRE - TAX DEDUCTIONS * | TAXES | OTHER DEDUCTIONS | NET PAY | NON-TAXABLE EARNINGS # |
|-----------------------|------------------------|---------|------------------|---------|------------------------|
| CURRENT 501.85 | 63.02 | 39.29 | 226.94 | 172.60 | 41.55 |
| YEAR TO DATE 14547.41 | 1220.95 | 1203.52 | 2407.00 | 9715.94 | 1734.48 |



DATE
 2700 LONE OAK PARKWAY
 EAGAN, MN 55121-1534

ADVICE NO
 8261101

BANKONE

ACH DEPOSIT

PAYROLL ADVICE

172.60

NW 21 0001 5850 267385 DTW
 MALIKAH L KILLION
 6751 S MARSHFIELD
 CHICAGO IL 60636

NORTHWEST AIRLINES
 NOTICE OF DEPOSIT TO ACCOUNT
 NON-NEGOTIABLE

**Northwest Airlines
Trust Account**

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Page 52 of 1

CHECK#

PAY TYPE

CURRENT YEAR TO DATE INFORMATION

PERIOD END:
CHECK DATE:

| | | | |
|--------------|-------|--------|--|
| SICK/OJI PAY | 85.26 | 385.68 | This check or deposit is payment of your net Sick/OJI pay for the pay period listed above. This net amount is a percentage of your total net earnings. The percentage is calculated by dividing your total Sick/OJI pay by your total gross earnings. Please refer to your regular Statement of Earnings to see your detailed gross to net calculation and your itemized earnings, taxes and deductions for this pay period. |
| TOTALS | 85.26 | 385.68 | |



2700 LONE OAK PARKWAY
EAGAN, MN 55121-1534

DATE
9/12/2008

ADVICE NO
222613

BANKONE

ACH DEPOSIT

PAYROLL ADVICE
85.26

NW 21 0001 5850 267385 DTW
MALIKAH L KILLION
6751 S MARSHFIELD
CHICAGO IL 60636

NORTHWEST AIRLINES
NOTICE OF DEPOSIT TO
ACCOUNT
NON-NEGOTIABLE

Northwest Airlines

MALIKAH L KILLION
 NW 21 267385
 CHECK# 8287155

FED EX ADDL STATE EX ADDL PERIOD END: 9/15/2008
 S 9 0 S 9 0 CHECK DATE: 9/26/2008

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STATEMENT OF EARNINGS AND DEDUCTIONS

| EARNS | RATE | HOURS | CURRENT | YTD | TAXES/DEDUCTIONS | CURRENT | YTD | CURR | YTD | TAXABLE EARNINGS |
|------------------|------|---------|----------------|---------|------------------|---------|----------|--------|----------|------------------|
| REGULAR EARNING | | | 665.00 | 7070.26 | FEDERAL TAX | 0 | 198.30 | 595.84 | 12187.82 | |
| RESV GUARANTEE | .00 | 2504.37 | SOCIAL SEC TAX | 38.18 | 780.71 | 615.79 | 12592.15 | | | |
| BID TRIP GUAR | .00 | 190.40 | MEDICARE TAX | 8.93 | 182.59 | 615.79 | 12592.15 | | | |
| LEAD F/A | .00 | 98.80 | ILLINOIS | 0 | 89.03 | 595.84 | 12187.82 | | | |
| FA COMMISSION | .00 | 8.52 | TAX LEVY | 62.50 | 1062.50 | | | | | |
| HOLIDAY PAY | .00 | 500.00 | UNIFORMS | 25.00 | 100.00 | | | | | |
| VACATION PAY | .00 | 158.67 | RETIREE SAV * | 19.95 | 404.33 | | | | | |
| GROUND TIME | .00 | 47.75 | MEDICAL* | 45.33 | 815.94 | | | | | |
| DUTY PERIOD | .00 | 623.52 | DENTAL* | 3.88 | 69.84 | | | | | |
| DEAD HEAD | .00 | 69.01 | C PASS S/C | 0.00 | 573.04 | | | | | |
| STANDBY PAY | .00 | 17.45 | LTD INS | 0.00 | 38.48 | | | | | |
| PR DIEM NOTX # | .00 | 1734.48 | AD&D | 0.00 | 1.80 | | | | | |
| HOLIDAY RECOGN | .00 | 700.00 | TERM I OPT | 0.00 | 9.00 | | | | | |
| SURPLUS SEV | .00 | 160.87 | UNION DUES | 0.00 | 324.00 | | | | | |
| TRAINING | .00 | 159.86 | SIK/OJI DEDUCT | 0.00 | 385.68 | | | | | |
| PERFORM INCENT | .00 | 162.76 | ACH DEPOSIT | 461.23 | 10177.17 | | | | | |
| PROFIT SHARE | .00 | 336.43 | | | | | | | | |
| ---TRUST PAY --- | | | | | | | | | | |
| SICK PAY | .00 | 669.26 | | | | | | | | |

CURRENT 401(K) EMPLOYER CONTRIBUTION = \$19.95 (03 %)

| TOTAL EARNINGS | PRE - TAX DEDUCTIONS * | TAXES | OTHER DEDUCTIONS | NET PAY | NON-TAXABLE EARNINGS # |
|-----------------------|------------------------|---------|------------------|----------|------------------------|
| CURRENT 665.00 | 69.16 | 47.11 | 87.50 | 461.23 | .00 |
| YEAR TO DATE 15212.41 | 1290.11 | 1250.63 | 2494.50 | 10177.17 | 1734.48 |



NORTHWEST AIRLINES

DATE 9/26/2008
 2700 LONE OAK PARKWAY
 EAGAN, MN 55121-1534

ADVICE NO
 8287155

BANKONE

ACH DEPOSIT

PAYROLL ADVICE
 461.23

NW 21 0001 5850 267385 DTW
 MALIKAH L KILLION
 6751 S MARSHFIELD
 CHICAGO IL 60636

NORTHWEST AIRLINES
 NOTICE OF DEPOSIT TO ACCOUNT
 NON-NEGOTIABLE

Northwest Airlines

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MALIKAH L KILLION
 NW 21 267385
 CHECK# 8312089

| FED S | EXAD 9 | DL 0 | STATE S | EXAD 9 | DL 0 | PERIOD END: 9/29/2008 |
|------------------------|--------|------|---------|--------|------|-----------------------|
| CHECK DATE: 10/10/2008 | | | | | | |

STATEMENT OF EARNINGS AND DEDUCTIONS

| EARNINGS | RATE | HOURS | CURRENT | YTD | TAXES/DEDUCTIONS | CURRENT | YTD | CURR | TAXABLE EARNINGS | YTD |
|-----------------------|--------|--------|-----------------|----------------|------------------|----------|--------|----------|------------------|-----|
| REGULAR EARNING | 46.52 | 219.13 | 7289.39 | FEDERAL TAX | 0.09 | 198.39 | 702.20 | 12890.02 | | |
| RESV GUARANTEE | 18.53 | 352.14 | 2856.51 | SOCIAL SEC TAX | 44.98 | 825.69 | 725.44 | 13317.59 | | |
| BID TRIP GUAR | 1.86 | 35.47 | 225.87 | MEDICARE TAX | 10.52 | 193.11 | 725.44 | 13317.59 | | |
| LEAD F/A | .00 | 98.80 | ILLINOIS | | 0.01 | 89.04 | 702.20 | 12890.02 | | |
| FA COMMISSION | .40 | 8.92 | TAX LEVY | | 62.50 | 1125.00 | | | | |
| HOLIDAY PAY | .00 | 500.00 | UNIFORMS | | 25.00 | 125.00 | | | | |
| VACATION PAY | .00 | 158.67 | RETIREL SAV * | | 23.24 | 427.57 | | | | |
| GROUND TIME | .00 | 47.75 | MEDICAL* | | 45.33 | 861.27 | | | | |
| DUTY PERIOD | 8.81 | 167.51 | 791.03 DENTAL * | | 3.88 | 73.72 | | | | |
| DEAD HEAD | .00 | 69.01 | C PASS S/C | | .00 | 573.04 | | | | |
| STANDBY PAY | .00 | 17.45 | LTD INS | | 9.31 | 47.79 | | | | |
| PR DIEM NOTX # | 171.36 | 282.76 | 2017.24 AD&D | | .20 | 2.00 | | | | |
| HOLIDAY RECOGN | .00 | 700.00 | TERM I OPT | | 1.00 | 10.00 | | | | |
| SURPLUS SEV | .00 | 160.87 | UNION DUES | | 43.00 | 367.00 | | | | |
| TRAINING | .00 | 159.86 | SIK/OJI DEDUCT | | .00 | 385.68 | | | | |
| PERFORM INCENT | .00 | 162.76 | ACH DEPOSIT | | 788.35 | 10965.52 | | | | |
| PROFIT SHARE | .00 | 336.43 | | | | | | | | |
| --TRUST PAY -- | | | | | | | | | | |
| SICK PAY | .00 | 669.26 | | | | | | | | |

CURRENT 401(K) EMPLOYER CONTRIBUTION = \$23.24 (03 %)

| | TOTAL EARNINGS | PRE - TAX DEDUCTIONS * | TAXES | OTHER DEDUCTIONS | NET PAY | NON-TAXABLE EARNINGS # |
|---------------------|----------------|------------------------|---------|------------------|----------|------------------------|
| CURRENT | 1057.41 | 72.45 | 55.60 | 141.01 | 788.35 | 282.76 |
| YEAR TO DATE | 16269.82 | 1362.56 | 1306.23 | 2635.51 | 10965.52 | 2017.24 |



NORTHWEST AIRLINES

DATE 10/10/2008
 2700 LONE OAK PARKWAY
 EAGAN, MN 55121-1534

ADVICE NO
 8312089

BANKONE

ACH DEPOSIT

PAYROLL ADVICE
 788.35

NW 21 0001 5850 267385 DTW
 MALIKAH L KILLION
 6751 S MARSHFIELD
 CHICAGO IL 60636

NORTHWEST AIRLINES
 NOTICE OF DEPOSIT TO ACCOUNT
 NON-NEGOTIABLE

Northwest Airlines

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MALIKAH L KILLION
 NW 21 267385
 CHECK# 8209329

| FED S | EX 9 | ADDL 0 | STATE S | EX 9 | ADDL 0 | PERIOD END: 7/30/2008 | CHECK DATE: 8/13/2008 |
|-------|------|--------|---------|------|--------|-----------------------|-----------------------|
|-------|------|--------|---------|------|--------|-----------------------|-----------------------|

STATEMENT OF EARNINGS AND DEDUCTIONS

| EARNINGS | RATE | HOURS | CURRENT | YTD | TAXES/DEDUCTIONS | CURRENT | YTD | CURR | TAXABLE EARNINGS YTD |
|-----------------------|--------|--------|----------------|----------------|------------------|---------|--------|----------|----------------------|
| REGULAR EARNING | 52.11 | 277.72 | 5979.98 | FEDERAL TAX | 0 | 191.29 | 734.06 | 10652.62 | |
| RESV GUARANTEE | 21.35 | 405.65 | 2076.55 | SOCIAL SEC TAX | 47.01 | 682.30 | 758.29 | 11004.90 | |
| BID TRIP GUAR | 2.00 | 38.00 | 176.78 | MEDICARE TAX | 10.99 | 159.57 | 758.29 | 11004.90 | |
| LEAD F/A | .00 | 98.80 | ILLINOIS | | 0 | 88.19 | 734.06 | 10652.62 | |
| FA COMMISSION | .00 | 8.52 | TAX LEVY | | 62.50 | 875.00 | | | |
| HOLIDAY PAY | .00 | 500.00 | UNIFORMS | | 25.00 | 25.00 | | | |
| VACATION PAY | .00 | 158.67 | RETIREE SAV * | | 24.23 | 352.28 | | | |
| GROUND TIME | .00 | 47.75 | MEDICAL* | | 45.33 | 679.95 | | | |
| DUTY PERIOD | 4.53 | 86.13 | 618.77 | DENTAL* | 3.88 | 58.20 | | | |
| DEAD HEAD | .00 | 69.01 | IC PASS S/C | | .00 | 573.04 | | | |
| STANDBY PAY | .00 | 17.45 | LTD INS | | 9.98 | 28.50 | | | |
| PR DIEM NOTX # | 124.38 | 205.23 | 1692.93 | AD&D | .20 | 1.60 | | | |
| HOLIDAY RECOGN | .00 | 700.00 | TERM I OPT | | 1.00 | 8.00 | | | |
| SURPLUS SEV | .00 | 160.87 | UNION DUES | | 43.00 | 281.00 | | | |
| TRAINING | .00 | 159.86 | SIK/OJI DEDUCT | | .00 | 300.42 | | | |
| PERFORM INCENT | .00 | 130.28 | ACH DEPOSIT | | 739.61 | 9131.64 | | | |
| PROFIT SHARE | .00 | 336.43 | | | | | | | |
| --TRUST PAY -- | | | | | | | | | |
| SICK PAY | .00 | 503.33 | | | | | | | |

CURRENT 401(K) EMPLOYER CONTRIBUTION = \$24.23 (03 %)

| TOTAL EARNINGS | PRE - TAX DEDUCTIONS * | TAXES | OTHER DEDUCTIONS | NET PAY | NON-TAXABLE EARNINGS # |
|------------------------------|------------------------|---------|------------------|---------|------------------------|
| CURRENT 1012.73 | 73.44 | 58.00 | 141.68 | 739.61 | 205.23 |
| YEAR TO DATE 13435.98 | 1090.43 | 1121.35 | 2092.56 | 9131.64 | 1692.93 |



NORTHWEST AIRLINES

DATE
 8/13/2008
 2700 LONE OAK PARKWAY
 EAGAN, MN 55121-1534

ADVICE NO
 8209329

BANKONE

ACH DEPOSIT

PAYROLL ADVICE
 739.61

NW 21 0001 5850 267385 DTW
 MALIKAH L KILLION
 6751 S MARSHFIELD
 CHICAGO IL 60636

NORTHWEST AIRLINES
 NOTICE OF DEPOSIT TO ACCOUNT
 NON-NEGOTIABLE

Northwest Airlines

MALIKAH L KILLION
 NW 21 267385
 CHECK# 8235237

FED EX ADDL STATE EX ADDL PERIOD END:
 S 9 0 S 9 0 CHECK DATE: 8/15/2008
 8/27/2008

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| STATEMENT OF EARNINGS AND DEDUCTIONS | | | | | | | TAXABLE EARNINGS | | |
|--------------------------------------|------|---------|----------------|---------|------------------|---------|------------------|----------|----------|
| EARNINGS | RATE | HOURS | CURRENT | YTD | TAXES/DEDUCTIONS | CURRENT | YTD | CURR | YTD |
| REGULAR EARNING | | | 609.58 | 6589.56 | FEDERAL TAX | 0 | 191.29 | 542.08 | 11194.70 |
| RESV GUARANTEE | .00 | 2076.55 | SOCIAL SEC TAX | | 34.75 | 717.05 | 560.37 | 11565.27 | |
| BID TRIP GUAR | .00 | 176.78 | MEDICARE TAX | | 8.13 | 167.70 | 560.37 | 11565.27 | |
| LEAD F/A | .00 | 98.80 | ILLINOIS | | 0 | 88.19 | 542.08 | 11194.70 | |
| FA COMMISSION | .00 | 8.52 | TAX LEVY | | 62.50 | 937.50 | | | |
| HOLIDAY PAY | .00 | 500.00 | UNIFORMS | | 25.00 | 50.00 | | | |
| VACATION PAY | .00 | 158.67 | RETIREE SAV * | | 18.29 | 370.57 | | | |
| GROUND TIME | .00 | 47.75 | MEDICAL* | | 45.33 | 725.28 | | | |
| DUTY PERIOD | .00 | 618.77 | DENTAL* | | 3.88 | 62.08 | | | |
| DEAD HEAD | .00 | 69.01 | C PASS S/C | | .00 | 573.04 | | | |
| STANDBY PAY | .00 | 17.45 | LTD INS | | .00 | 28.50 | | | |
| PR DIEM NOTX # | .00 | 1692.93 | AD&D | | .00 | 1.60 | | | |
| HOLIDAY RECOGN | .00 | 700.00 | TERM I OPT | | .00 | 8.00 | | | |
| SURPLUS SEV | .00 | 160.87 | UNION DUES | | .00 | 281.00 | | | |
| TRAINING | .00 | 159.86 | SIK/OJI DEDUCT | | .00 | 300.42 | | | |
| PERFORM INCENT | .00 | 130.28 | ACH DEPOSIT | | 411.70 | 9543.34 | | | |
| PROFIT SHARE | .00 | 336.43 | | | | | | | |
| --TRUST PAY -- | | | | | | | | | |
| SICK PAY | .00 | 503.33 | | | | | | | |

CURRENT 401(K) EMPLOYER CONTRIBUTION = \$18.29 (03 %)

| TOTAL EARNINGS | PRE - TAX DEDUCTIONS * | TAXES | OTHER DEDUCTIONS | NET PAY | NON-TAXABLE EARNINGS # |
|------------------------------|------------------------|---------|------------------|---------|------------------------|
| CURRENT 609.58 | 67.50 | 42.88 | 87.50 | 411.70 | .00 |
| YEAR TO DATE 14045.56 | 1157.93 | 1164.23 | 2180.06 | 9543.34 | 1692.93 |



DATE
 8/27/2008
 2700 LONE OAK PARKWAY
 EAGAN, MN 55121-1534

ADVICE NO
 8235237

BANKONE

ACH DEPOSIT

PAYROLL ADVICE
 411.70

NW 21 0001 5850 267385 DTW
 MALIKAH L KILLION
 6751 S MARSHFIELD
 CHICAGO IL 60636

NORTHWEST AIRLINES
 NOTICE OF DEPOSIT TO ACCOUNT
 NON-NEGOTIABLE

Northwest Airlines Trust Account

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| CHECK# | | PAY STATEMENT | | PERIOD END: CHECK DATE: |
|--------------|---------|---------------|--|----------------------------|
| PAY TYPE | CURRENT | YEAR TO DATE | INFORMATION | |
| SICK/OJI PAY | 85.26 | 385.68 | This check or deposit is payment of your net Sick/OJI pay for the pay period listed above. This net amount is a percentage of your total net earnings. The percentage is calculated by dividing your total Sick/OJI pay by your total gross earnings. Please refer to your regular Statement of Earnings to see your detailed gross to net calculation and your itemized earnings, taxes and deductions for this pay period. | |
| TOTALS | 85.26 | 385.68 | | |

 NORTHWEST AIRLINES
2700 LONE OAK PARKWAY
EAGAN, MN 55121-1534

DATE
9/12/2008

ADVICE NO
222613

BANKONE ACH DEPOSIT PAYROLL ADVICE
85.26

NW 21 0001 5850 267385 DTW
MALIKAH L KILLION
6751 S MARSHFIELD
CHICAGO IL 60636

NORTHWEST AIRLINES
NOTICE OF DEPOSIT TO
ACCOUNT
NON-NEGOTIABLE

Northwest Airlines

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MALIKAH L KILLION
 NW 21 267385
 CHECK# 8261101

| FED S | EX 9 | ADDL 0 | STATE S | EX 9 | ADDL 0 | PERIOD END: CHECK DATE: | 8/29/2008 9/12/2008 |
|----------|---------|-----------|------------|---------|-----------|----------------------------|------------------------|
|----------|---------|-----------|------------|---------|-----------|----------------------------|------------------------|

STATEMENT OF EARNINGS AND DEDUCTIONS

| EARNINGS | RATE | HOURS | CURRENT | YTD | TAXES/DEDUCTIONS | CURRENT | YTD | CURR | YTD |
|------------------|-------|-------|---------|----------------|------------------|---------|---------|--------|----------|
| REGULAR EARNING | | 22.38 | -184.30 | 6405.26 | FEDERAL TAX | 7.01 | 198.30 | 397.28 | 11591.98 |
| RESV GUARANTEE | | 22.51 | 427.82 | 2504.37 | SOCIAL SEC TAX | 25.48 | 742.53 | 411.09 | 11976.36 |
| BID TRIP GUAR | | 0.71 | 13.62 | 190.40 | MEDICARE TAX | 5.96 | 173.66 | 411.09 | 11976.36 |
| LEAD F/A | | .00 | 98.80 | ILLINOIS | | 0.84 | 89.03 | 397.28 | 11591.98 |
| FA COMMISSION | | .00 | 8.52 | TAX LEVY | | 62.50 | 1000.00 | | |
| HOLIDAY PAY | | .00 | 500.00 | UNIFORMS | | 25.00 | 75.00 | | |
| VACATION PAY | | .00 | 158.67 | RETIREE SAV * | | 13.81 | 384.38 | | |
| GROUND TIME | | .00 | 47.75 | MEDICAL* | | 45.33 | 770.61 | | |
| DUTY PERIOD | 0.25 | 4.75 | 623.52 | DENTAL* | | 3.88 | 65.96 | | |
| DEAD HEAD | | .00 | 69.01 | C PASS S/C | | .00 | 573.04 | | |
| STANDBY PAY | | .00 | 17.45 | LTD INS | | 9.98 | 38.48 | | |
| PR DIEM NOTX # | 25.18 | 41.55 | 1734.48 | AD&D | | .20 | 1.80 | | |
| HOLIDAY RECOGN | | .00 | 700.00 | TERM I OPT | | 1.00 | 9.00 | | |
| SURPLUS SEV | | .00 | 160.87 | UNION DUES | | 43.00 | 324.00 | | |
| TRAINING | | .00 | 159.86 | SIK/OJI DEDUCT | | 85.26 | 385.68 | | |
| PERFORM INCENT | | 32.48 | 162.76 | ACH DEPOSIT | | 172.60 | 9715.94 | | |
| PROFIT SHARE | | .00 | 336.43 | | | | | | |
| ---TRUST PAY --- | | | | | | | | | |
| SICK PAY | | 8.73 | 165.93 | 669.26 | | | | | |

CURRENT 401(K) EMPLOYER CONTRIBUTION = \$13.81 (03 %)

2ND QTR 2008 PERFORMANCE INCENTIVE PAYMENT INCLUDED IN CHECK

| TOTAL EARNINGS | PRE - TAX DEDUCTIONS * | TAXES | OTHER DEDUCTIONS | NET PAY | NON-TAXABLE EARNINGS # |
|------------------------------|------------------------|---------|------------------|---------|------------------------|
| CURRENT 501.85 | 63.02 | 39.29 | 226.94 | 172.60 | 41.55 |
| YEAR TO DATE 14547.41 | 1220.95 | 1203.52 | 2407.00 | 9715.94 | 1734.48 |



DATE
 9/12/2008
 2700 LONE OAK PARKWAY
 EAGAN, MN 55121-1534

ADVICE NO
 8261101

BANKONE

ACH DEPOSIT

PAYROLL ADVICE
 172.60

NW 21 0001 5850 267385 DTW
 MALIKAH L KILLION
 6751 S MARSHFIELD
 CHICAGO IL 60636

NORTHWEST AIRLINES
 NOTICE OF DEPOSIT TO ACCOUNT
 NON-NEGOTIABLE

Northwest Airlines

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MALIKAH L KILLION
 NW 21 267385
 CHECK# 8287155

| FED S | EX 9 | ADDL 0 | STATE S | EX 9 | ADDL 0 | PERIOD END: CHECK DATE: | 9/15/2008 9/26/2008 |
|-------|------|--------|---------|------|--------|----------------------------|------------------------|
|-------|------|--------|---------|------|--------|----------------------------|------------------------|

STATEMENT OF EARNINGS AND DEDUCTIONS

| EARNINGS | RATE | HOURS | CURRENT | YTD | TAXES/DEDUCTIONS | CURRENT | YTD | CURR | YTD | TAXABLE EARNINGS |
|------------------|------|--------|---------|-----|------------------|---------|----------|--------|----------|------------------|
| REGULAR EARNING | | 665.00 | 7070.26 | | FEDERAL TAX | 0 | 198.30 | 595.84 | 12187.82 | |
| RESV GUARANTEE | | .00 | 2504.37 | | SOCIAL SEC TAX | 38.18 | 780.71 | 615.79 | 12592.15 | |
| BID TRIP GUAR | | .00 | 190.40 | | MEDICARE TAX | 8.93 | 182.59 | 615.79 | 12592.15 | |
| LEAD F/A | | .00 | 98.80 | | ILLINOIS | 0 | 89.03 | 595.84 | 12187.82 | |
| FA COMMISSION | | .00 | 8.52 | | TAX LEVY | 62.50 | 1062.50 | | | |
| HOLIDAY PAY | | .00 | 500.00 | | UNIFORMS | 25.00 | 100.00 | | | |
| VACATION PAY | | .00 | 158.67 | | RETIREE SAV * | 19.95 | 404.33 | | | |
| GROUND TIME | | .00 | 47.75 | | MEDICAL* | 45.33 | 815.94 | | | |
| DUTY PERIOD | | .00 | 623.52 | | DENTAL* | 3.88 | 69.84 | | | |
| DEAD HEAD | | .00 | 69.01 | | C PASS S/C | .00 | 573.04 | | | |
| STANDBY PAY | | .00 | 17.45 | | LTD INS | .00 | 38.48 | | | |
| PR DIEM NOTX # | | .00 | 1734.48 | | AD&D | .00 | 1.80 | | | |
| HOLIDAY RECOGN | | .00 | 700.00 | | TERM I OPT | .00 | 9.00 | | | |
| SURPLUS SEV | | .00 | 160.87 | | UNION DUES | .00 | 324.00 | | | |
| TRAINING | | .00 | 159.86 | | SIK/OJI DEDUCT | .00 | 385.68 | | | |
| PERFORM INCENT | | .00 | 162.76 | | ACH DEPOSIT | 461.23 | 10177.17 | | | |
| PROFIT SHARE | | .00 | 336.43 | | | | | | | |
| ---TRUST PAY --- | | .00 | 669.26 | | | | | | | |
| SICK PAY | | .00 | | | | | | | | |

CURRENT 401(K) EMPLOYER CONTRIBUTION = \$19.95 (03 %)

| | TOTAL EARNINGS | PRE - TAX DEDUCTIONS * | TAXES | OTHER DEDUCTIONS | NET PAY | NON-TAXABLE EARNINGS # |
|---------------------|-----------------|------------------------|----------------|------------------|-----------------|------------------------|
| CURRENT | 665.00 | 69.16 | 47.11 | 87.50 | 461.23 | .00 |
| YEAR TO DATE | 15212.41 | 1290.11 | 1250.63 | 2494.50 | 10177.17 | 1734.48 |



NORTHWEST AIRLINES

DATE
 9/26/2008
 2700 LONE OAK PARKWAY
 EAGAN, MN 55121-1534

ADVICE NO
 8287155

BANKONE

ACH DEPOSIT

PAYROLL ADVICE
 461.23

NW 21 0001 5850 267385 DTW
 MALIKAH L KILLION
 6751 S MARSHFIELD
 CHICAGO IL 60636

NORTHWEST AIRLINES
 NOTICE OF DEPOSIT TO ACCOUNT
 NON-NEGOTIABLE

Case No. _____

Chapter 13 _____

IN RE:Killion, Malikah L

Debtor(s)

DECLARATION REGARDING ELECTRONIC FILINGSigned by Debtor(s) or Corporate Representative
To Be Used When Filing over the InternetDate: October 17, 2008**PART I - DECLARATION OF PETITIONER**

A. To be completed in all cases.

I(We) Malikah L Killion and _____, the undersigned debtor(s), corporate officer, partner, or member, hereby declare under penalty of perjury that the information I(we) have given my (our) attorney, including correct social security number(s) and the information provided in the electronically filed petition, statements, schedules, and if applicable, application to pay filing fee in installments, is true and correct. I(we) consent to my(our) attorney sending the petition, statements, schedules, and this DECLARATION to the United States Bankruptcy Court. I(we) understand that this DECLARATION must be filed with the Clerk in addition to the petition. I(we) understand that failure to file this DECLARATION will cause this case to be dismissed pursuant to 11 U.S.C. sections 707(a) and 105.

B. To be checked and applicable only if the petitioner is an individual (or individuals) whose debts are primarily consumer debts and who has (or have) chosen to file under chapter 7.

I(we) am(are) aware that I(we) may proceed under chapter 7, 11, 12, or 13 of Title 11 United States Code; I(we) understand the relief available under each such chapter; I(we) choose to proceed under chapter 7; and I(we) request relief in accordance with chapter 7.

C. To be checked and applicable only if the petition is a corporation, partnership, or limited liability entity.

I declare under penalty of perjury that the information provided in this petition is true and correct and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter specified in the petition.

Signature: 
(Debtor or Corporate Officer, Partner or Member)Signature: _____
(Joint Debtor)

Certificate Number: 00437-ILN-CC-005161857

CERTIFICATE OF COUNSELING

I CERTIFY that on October 15, 2008, at 4:08 o'clock PM MDT,

Malikah Killion received from

Black Hills Children's Ranch, Inc.

an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the
Northern District of Illinois, an individual [or group] briefing that complied
with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of
the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet and telephone.

Date: October 15, 2008

By /s/Bruce Wiens

Name Bruce Wiens

Title Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy
Code are required to file with the United States Bankruptcy Court a completed certificate of
counseling from the nonprofit budget and credit counseling agency that provided the individual
the counseling services and a copy of the debt repayment plan, if any, developed through the
credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).